



CITY OF OXFORD

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1965



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MR. CHAIRMAN, LADIES AND GENTLEMEN,

This is my eighteenth Annual Report and is compiled in accordance with Ministry of Health Circular 1/66.

The second revision of the ten year plan submitted in accordance with Ministry of Health Circular 14/65 is included in this Report. As previously, senior officers in several Departments have had to give a great deal of time and thought in order to complete the very detailed tables requested by the Ministry of Health. This further experience confirms my previously expressed doubt as to the value of such a complex exercise. Looking so far ahead and in such detail means that many of the figures given can only be hypothetical, and experience soon shows that the whole programme is rapidly overtaken and amended by subsequent events. A five year plan, containing only capital building proposals costing more than, say, £10,000, would be comparatively easy to prepare and to revise each year, and would certainly be much more realistic and helpful.

With regard to the annual vital statistics, the birth rate showed a decrease from the high level of the last two years. Infant mortality was again low and the perinatal mortality rate of 22.48 was well below the national level. The death rate was comparatively low, with an increase in deaths from diseases of the heart and circulatory system and a decrease in connection with cancer and respiratory disease. There were only three deaths from tuberculosis, which is the lowest number recorded. In connection with cervical cytology, it is of interest to note that there were six deaths from carcinoma of the cervix, ages respectively, 24, 38, 58, 58, 84 and 86; compared with 13 female deaths from lung cancer, of which eight occurred between the ages 45 and 65. The moral being that women should demonstrate as much enthusiasm for an anti-cigarette smoking campaign as they are now showing for a scheme for cervical cytology.

Ministry of Health Circular 15/65, which strongly re-emphasized the value of fluoridation of public water supplies, and clarified the legal position, most unfortunately arrived almost simultaneously with Ministry of Health Circular 20/65 headed "Deferment of Expenditure on Capital Projects, etc.". In these circumstances, further consideration of fluoridation was deferred until the preparation of estimates later in the year and was then excluded on financial grounds, along with other desirable new projects.

General practitioners are showing markedly increasing interest in health centre practice. Blackbird Leys Health Centre completed its fifth successful year with the opening of an extension comprising two additional surgeries, a new clinic wing, a room for social workers and enlarged office accommodation. The East Oxford scheme was caught by Ministry of Health Circular 20/65 just when it was out to tender, but Ministry approval

was received by the end of the year and building has now started. There was no further progress during the year with regard to the provision of health centres to serve either North Oxford or the central area of the City, but at the time of writing this introductory letter a glimmer of hope has appeared. The Northway Clinic continues to be used by two practices for branch surgery purposes, and this sensible arrangement, which has now operated for ten years to the satisfaction of all concerned, can surely claim to be an original mini-health centre. A similar arrangement has now been made in connection with the recently-extended South Oxford Clinic, whereby the neighbouring partnership is using the clinic as a branch surgery for two sessions a week. This joint use of premises by general practitioners and local authority services should be encouraged wherever possible.

In July, the St. John Ambulance Brigade gave notice of the termination of the agency agreement by which they had been responsible for running the City and County Ambulance Service since July, 1948. This decision was received with understanding but with regret by both local health authorities, who expressed their most grateful thanks for the service rendered by the Brigade both before and since the advent of the National Health Service. It was decided to set up a new Joint City and County Ambulance Committee to be responsible for the service as from the 1st April, 1966.

During the year, there was a substantial increase in the number of patients carried together with a small increase in the total mileage. It is of interest that, whilst the number of patients carried has doubled in the last fifteen years, the total mileage has only increased by three per cent. The detailed recommendations of the O. and M. Report approved last year were implemented as from the 1st April. Plans for an extension of the garage and administrative block at the ambulance headquarters were approved. In an attempt to improve the service to Cowley Road Hospital, where the two day-hospitals and extensive out-patient facilities make heavy demands on the service, three new twelve-seater ambulances, each with a hydraulic lift to take wheelchair patients, were obtained. Each of these vehicles will concentrate on a sector of the City and will be available solely for Cowley Road Hospital patients.

This has been the second year following the completion of the general practitioner/health visitor attachment scheme, and a full establishment with hardly any staff changes would seem to indicate staff satisfaction with this sensible way of working. As previously, we have had many visitors from local authorities in this country and abroad, as well as many requests for members of staff to speak elsewhere with regard to our experience in this particular respect.

The total number of domiciliary visits increased, particularly as a result of more visits to the elderly, to mentally-disordered persons and to patients discharged from hospitals. Such increases can almost certainly be attributed to the attachment scheme and to the resultant close working relationship with general practitioners. The local health visitors' training school has been transferred from the County Health Department to the Oxford College of Technology.

The attachment scheme for district nurses was completed in March and one measure of its success has been the increased amount of work and responsibility undertaken by the nurses. It is of interest that during any month there are between 600 and 700 patients receiving domiciliary nursing care. Good recruitment has led to a full establishment for most of the year. Wherever possible, arrangements are made for nurses to treat ambulant patients at doctors' surgeries. A pilot scheme by which a part-time, married nurse undertook nursing duties at two evening surgeries a week, whilst the doctor was consulting in another room, appeared to be most successful.

The improved recruitment noted in the Home Help Service last year has been maintained and, as a result, more cases have been helped. A new assessment scale was agreed and came into use at the beginning of 1966. The scheme introduced last year by which selected home helps were engaged solely as occasional workers for maternity cases has continued, and, as a result, there has been far less disruption of the normal service resulting from the priority needs of urgent maternity cases.

A comprehensive scheme for cervical cytology was made available to all women over the age of 20 as from the end of March. This was the result of a co-operative effort by all three branches of the health service. The Regional Hospital Board Statistical Unit is giving valuable assistance and a common record card for use throughout the region has been designed and accepted. By the end of the year, 1,370 patients had been examined, and eight positive smears had been confirmed by cone biopsy, including a fourth para under 25. This represents a rate of 5.8 positive smears per 1,000 taken. Experience has shown that many of the women who attended were also helped by having an opportunity to discuss other gynaecological complaints and also marriage problems.

Health education has continued to take an increasingly important part in the work of the whole Department, with particular emphasis on smoking, cancer, venereal disease and food hygiene. Parentcraft classes have been much appreciated and have been particularly successful when taken by general practitioners with the assistance of their attached nursing staff. The new Information Centre at Carfax has provided

opportunities for displays by the Welfare and Public Health Inspectors' Sections. The important and successful health education campaign undertaken in all the schools during the last three years has continued to prosper but, with the knowledge that Dr. Julia Dawkins will be resigning shortly, steps have been taken to appoint a Health Education Officer whose duties will be shared equally between the Education and Health Departments.

There has been an increase in the number of patients helped by the Domiciliary Occupational Therapy Service with particular reference to the use and supply of aids to daily living. The close association with the Dorset House School of Occupational Therapy has been strengthened by a fortnightly group meeting at the School, assisted by students.

The importance of chiropody for aged and physically-handicapped persons has again been demonstrated by an increase in the number of persons treated, either at old people's clubs, old people's homes, or if necessary in their own homes.

The helpful liaison with the Aid-in-Sickness Charities, particularly in connection with the domiciliary physiotherapy service, has continued. A small experiment to prevent hypothermia in the elderly was started; under which night storage heaters were provided by the Southern Electricity Board; the charity being responsible for the provision of the apparatus and the recipient for the cost of usage.

The number of requests for housing allocation on medical grounds has increased and has necessitated much thought and effort in order that a limited number of recommendations could be made to the Housing Committee. A report on some suggested modifications in the design and equipment of a future grouped flatlets scheme was submitted to the City Architect.

With regard to the infectious diseases, the incidence of scarlet fever was the lowest so far recorded, and the number of notified cases of whooping cough was the second lowest on record. There has been no case of diphtheria since 1949, and only one patient with poliomyelitis in the last seven years. There was no case of typhoid or paratyphoid fever, or of meningococcal infection. The expected measles epidemic occurred in the first six months of the year. Sonne dysentery was a little more prevalent, about half the cases being connected with two schools, both with outdated outside sanitary conveniences. Of the relatively small number of cases of food poisoning, the majority were connected with outbreaks in two colleges, in one of which the kitchen facilities and hygiene left much to be desired.

A small but interesting incident occurred, when ten workers from a warehouse presented themselves at the Radcliffe Infirmary Casualty Department one evening complaining of skin irritation, dryness of mouth and nausea; some workers also had a rash, and some complained of abdominal or chest pain. All bacteriological and virological investigations were negative and the outbreak was eventually attributed to a defective air heating system, poor ventilation, and the use of dust-laying sand containing formaldehyde and cresol (both potential skin irritants) for floor cleaning.

The results of the triennial visit of the Regional Mass Miniature Radiography Unit in 1964 were received; showing that 49 cases of active pulmonary tuberculosis (1.4 per 1,000 examined) and 13 cases of primary lung cancer (0.4 per 1,000 examined) had been discovered. The University B.C.G. scheme was inaugurated in the autumn; under this scheme a team comprising a doctor, nurse and clerk visited each college in turn performing Heaf tests, followed a week later by B.C.G. vaccination where indicated. The initial response from the students was disappointing, as was the failure of many undergraduates to keep appointments.

Although more patients attended the Special Clinic at the Radcliffe Infirmary, the incidence of venereal disease in Oxford was about the average for recent years. There was a substantial decrease in the number of those attending the Special Clinic from countries other than Great Britain.

The smallpox vaccination rate has now returned to the former level of about 70% achieved before the recent change of policy concerning the optimum age for primary vaccination. Oxford continued to act as a testing station for the potency of batches of lymph issued by the Lister Institute.

There are various ways of assessing the proportion of children protected against diphtheria, whooping cough, tetanus and poliomyelitis. Once again, we made our own calculation based on health visitors' records of all children born in 1963 and still remaining on their lists at the end of 1965, the result showed that 93% were protected against diphtheria, whooping cough and tetanus, and 91% against poliomyelitis. The dose of triple vaccine was changed from 1 ml. to 0.5 ml. towards the end of the year. Doubt has recently been expressed in some quarters as to the value of present whooping cough vaccines, but no such doubt exists in Oxford, where whooping cough notifications have fallen very substantially in recent years; the few immunised children who do still get pertussis usually have it very mildly.

Oxford took part in the Medical Research Council trial of measles vaccines which commenced in the autumn of 1964, with a follow-up at three-monthly intervals, to cover the period of the measles epidemic. The results showed a considerable degree of protection and in Oxford only 5.5% of the vaccinated group contracted measles compared with 28% of the unvaccinated control group. There was also a marked difference in the severity of the disease; almost all the cases of measles in the vaccinated group were mild, whereas in the unvaccinated control group, the majority were recorded as being either moderate or severe.

A new anthrax vaccine became available during the year to protect those at special risk.

There were rather fewer home confinements than last year, and it is pleasing to report that, of the 488 cases, there was no maternal death, no stillbirth, and no neonatal death, whilst there were only three calls for the emergency obstetric service and two calls for the premature baby flying squad. Postnatal visits by domiciliary midwives to patients discharged early from hospital reached a record level. The three remaining City antenatal clinics, which had been undertaking very little actual antenatal work in recent years, ceased to function as such at the end of the year. Arrangements were made for blood samples to be taken either by general practitioners or at the Pathological Departments at the Radcliffe Infirmary or Churchill Hospital. In addition, the domiciliary midwives were taught the technique of collecting samples of capillary blood in order that they could take specimens for haemoglobin estimation from their patients during the latter weeks of pregnancy and at the end of the puerperium. It is pleasing to note a marked improvement in the time of booking a midwife, only 8.7% failing to book before the 24th week of pregnancy. A survey of urinary tract infection in pregnancy was started in April; conducted jointly by the Health Department and the Bacteriological Department at the Churchill Hospital, with the object of ascertaining the incidence of asymptomatic urinary infection and its importance to the mother and child.

Thirty child welfare clinics are now held each week, of which twelve are taken by general practitioners for their own practice patients. Plans for a clinic extension at the rear of St. Barnabas Library and Baths have been accepted. The scheme for the early diagnosis of deafness during the first year of life has continued and two children were found with a hearing defect sufficiently severe to require the wearing of an aid. The scheme for the notification of all congenital abnormalities revealed an incidence of 18.3 malformed infants per 1,000 total births compared with 19.3 last year. Of the 31 infant deaths, nearly three-quarters were due either to prematurity or to congenital malformation.

The successful play group for pre-school children established at the Slade Park Clinic last year has continued and in September an East Oxford Clinic group was also started, again under the auspices of the Save the Children Fund, and with the help of the Oxford Committee for Racial Integration. As a result, children from Germany, Mauritius, Pakistan, Persia, Spain, Sudan, United Kingdom and West Indies, all played happily together and improved visibly in their physical well-being and sociability.

There was a sharp rise in the number of infants for whom a medical assessment was requested by the Children's Department in connection with their adoption agency responsibilities. Each child considered for adoption requires the most careful medical assessment which needs skill, patience and adequate time.

The local authority family planning service for patients with medical need was extended in September by the provision of a limited amount of home visiting with particular reference to problem families.

In January, a request for an increase in the grant to the Oxford Moral Welfare Association raised the whole question of the future relationship between the City Council and the Moral Welfare Association. As a result, a joint sub-committee of representatives from the Health and Children's Committees met the Moral Welfare Association, and there was also a series of meetings between the Children's Officer, the Medical Officer of Health, and the Chairman and Secretary of the Moral Welfare Association. It was eventually agreed that the social worker of the Moral Welfare Association was at a considerable disadvantage by having an excessive caseload, by working in isolation, and by having no relief for holidays or sickness. In the light of the fact that the Children's Department was already undertaking a good deal of responsibility for the unmarried mother and her child, it was considered that the responsibilities of the local authority should be discharged through the Children's Committee rather than through the Health Committee and that this would enable a closer working professional relationship to be developed between the social workers in the Children's Department and the social worker employed by the Moral Welfare Association. It was agreed that the grant to the Moral Welfare Association should in future be paid by the Children's Committee.

The Industrial Training Unit was ready for use in September and by the end of the year was already well-established with about 50 trainees undertaking several different contracts. Grateful thanks are due to the local industrial firms for advice on work methods and safety precautions and for several pieces of machinery and equipment. The Unit aims to

provide a combination of industrial and social training with emphasis on an adult attitude to life. The Junior Training Centre has been relieved of serious overcrowding and now accommodates 47 children. The vacated workshop is to be converted into a special care unit during the summer of 1966. St. Nicholas House now has 16 children as permanent residents and at various times has accommodated seven children as short-stay admissions. The main object of the Hostel is to maintain a normal family atmosphere and to keep in close touch with the parents and home of each child. There has been much active good-will by near neighbours and others. Plans are now practically complete for the new hostel for sub-normal adults, whilst those for the hostel for the mentally-ill have been postponed for a year because of the financial situation.

The domiciliary services for the elderly have continued to expand. A meals-on-wheels service was provided from Iffley House, Shotover View and Townsend House when the Cowley Marsh Municipal Restaurant closed. The bathing service reached full strength by the acquisition of a special vehicle and the recruitment of a male attendant. The day care service organised as an experiment by the Council of Social Service proved to be worth while but it was not easy to find the appropriate helper at the time when assistance was most needed.

The urgent waiting list for Old People's Homes at the end of the year contained 23 names (10 living at home and 13 in hospital), and in addition there were 49 persons whose admission within six months was considered to be necessary. This position does show some improvement but it is still far from satisfactory, as ideally there should be no waiting list for urgent cases, otherwise hardship results to patients at home and valuable beds are blocked by those who have to remain in hospital. Iffley House has been in full use throughout the year and plans are complete for the next Old People's Home on the Blackbird Leys Estate. There were 96 short-stay admissions, a greatly appreciated facility to enable relatives to take a holiday or to meet a crisis resulting from sickness.

The accommodation for homeless families was again under pressure, although the majority of those whom it was necessary to admit stayed only for a comparatively short time. There were, however, eight families who stayed for more than six months and this necessitated the provision of additional accommodation in an adjoining hut. After much consideration, it was eventually agreed, by all concerned, that the responsibility for homeless families with children should be transferred to the Children's Department as from the 1st April, 1966. The Health Department would remain responsible for homeless adults without children and for providing the necessary services for all those rendered homeless due to an emergency such as fire or flood.

Following a number of requests from voluntary bodies for assistance with the transport of seriously-handicapped persons, and with the knowledge that this was also becoming an increasing difficulty within the Department, a survey of transport needs for all categories of handicapped persons is being undertaken.

The Blind and Handicapped Workshop was inspected by the Ministry of Labour in October and their report advised a reduction in the number of trades and the introduction of machinery suitable for sub-contract work.

There was an increase in the number of requests for medical advice regarding the provision of domiciliary equipment and for necessary structural alterations in connection with the home care of handicapped persons.

So far the provision of mobile equipment such as walking aids has been provided under Section 28 of the National Health Service Act as well as under Section 29 of the National Assistance Act, and as this continues to produce anomalies it has been decided to channel all this work in future through the agency of the British Red Cross Society under Section 28 of the National Health Service Act.

This has been the first full year of experience of the Offices, Shops and Railway Premises Act, 1963. So far, 1,628 premises have been registered compared with an approximate estimate of 2,000. Special consideration was given to lighting standards, which were generally found to be satisfactory in the public area but often not nearly so good in the staff working area or in the storage, stock room or corridors.

Smoke Control Area No. 5 covering the western area of the City was presented for confirmation. It is planned to extend the now sizeable central smoke control district by a new area each year for the next decade, by which time it is hoped that the whole City might be smokeless. The year saw the end of smoke nuisance from the Oxford section of British Rail.

There are now 30 premises including hospitals, university departments and industrial concerns on the register dealing with the keeping and use of radioactive materials. In no case did disposal even approach the maximum authorised by the certificates concerned.

The rapidly-increasing number of swimming pools, particularly at schools, has required additional advice and supervision in connection with the purification of the water. Breakpoint chlorination is the best system but requires knowledge and conscientious attention by the person in charge of the pool.

The Farmoor storage reservoir was completed and filled in July, and the 930 million gallons of water will be a valuable reserve supply against low flow of the Thames.

The modern sewage works are being enlarged and increasing attention is being given to aeration treatment so as to ensure a better final effluent. The City Engineer, Mr. J. Campbell Riddell, retired in June and grateful thanks are due to him and his Department for all the friendly help which has been given so generously over so many years.

With regard to housing, improvement grant surveys have been made in the Marlborough Road area of South Oxford, the Marston Street area of East Oxford, and the Jericho area. In the two former areas, further progress has been held up because of continuing indecision on the road problem. The survey of houses in multi-occupation has been continued in collaboration with the Fire Officer.

No raw milk is now sold within the City, and the only cause for any anxiety has been in connection with self-service milk machines. The inspection of food premises has included a survey of washing-up routine in the larger catering premises, including college kitchens. The results of swabs sent to the Public Health Laboratory for bacteriological investigation have been used as educational material to effect improvement where indicated. The domestic bursars of college catering departments have been most co-operative and general improvement in hygiene standards has resulted.

All meat is inspected and it is most satisfactory that practically all this work can be undertaken within ordinary office hours. Very little disease or unsound meat was found and virtually no tuberculosis.

Eight out of the eleven prosecutions following complaints of the sale of unsatisfactory food concerned the mouldy condition of the food, resulting from inadequate stock rotation. Unsatisfactory bacteriological reports were obtained from samples of fresh cream and from bubble gum machines. Collaboration was maintained with the Oxford Consumer Group who are most lively and varied in their consumer interests.

Problems in connection with Civil Defence continued to occupy the time of some members of the staff of the Health Department.

Your Medical Officer of Health has continued to be a member of the Joint Committee on Vaccination and Immunisation set up to advise the Health Ministers on all the medical aspects of vaccination and immunisation. He has also continued to be a member of the Public Health Laboratory Service Board.

The Department was just recovering from the loss of Dr. Willson as Deputy Medical Officer of Health, when his successor Dr. John obtained a similar post with Oxfordshire County Council and left at the end of October. Dr. John had received rapid promotion since first joining the staff as Assistant Medical Officer in 1961. Although he had only held the post of Deputy for a comparatively short time, he nevertheless made a significant contribution towards progress and in particular was responsible for important developments in the mental health service. He was succeeded by Dr. R. P. Ryan who took up his duties at the beginning of December.

In September, the Department said farewell to Mr. John Hadfield, Deputy Chief Welfare Services Officer, who had given many years of faithful service, originally as Relieving Officer. He was always cheerful and most willing in all he undertook. He has countless friends amongst those whom he did so much to help. We all wish him a long and happy retirement.

The retirement of Mr. C. H. Groves, Deputy Ambulance Controller since the inception of the Ambulance Service in 1946, breaks a special link with the past because at one time he was the sole ambulance driver of the St. John Ambulance Brigade when a voluntary service was in operation in the City.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and efficient support I have received from all my staff throughout the year. . .

Finally, I should like to thank, most sincerely, the Chairman and all Members of the Health Committee for their kindly consideration and encouragement at all times.

Yours faithfully,

J. F. WARIN,

Medical Officer of Health.

SECTION I

(a) COMMITTEE MEMBERS

HEALTH COMMITTEE*Chairman:* Councillor SIMPSON, M.B.E.*Vice-Chairman:* Councillor WILCHER, C.B.E., B.Litt., M.A.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	Mrs. HAROLD
„	BROMLEY	„	MEADOWS, A.I.S.T.,
„	Mrs. HARRISON-HALL, J.P., M.B., Ch.B.	„	M.R.S.H.
„	ROBERTS	„	RICHARDSON
Councillor	CONSTABLE, B.Sc., M.A.	„	Miss SPOKES, M.A.
„	DICKINS	„	Mrs. TRIBE
„	Miss GOOD, M.A.	„	WHITE
„	LOUGHRAN	„	WILLIAMSON, M.A.
		„	WOODWARD

Mrs. M. HOUGHTON } Representing the County and City
 Mrs. O. PHIPPS } Executive Council

Mr. A. W. DENT, J.P., representing the United Oxford Hospitals

MATERNITY, CHILD WELFARE AND HOME SERVICES SUB-COMMITTEE*Chairman:* Councillor DICKINS*Vice-Chairman:* Alderman Mrs. ANDREWS, M.B.E.

Alderman	Mrs. HARRISON-HALL, J.P., M.B., Ch.B.,	Councillor	RICHARDSON
		„	SIMPSON, M.B.E.
Councillor	Miss GOOD, M.A.	„	Miss SPOKES, M.A.
„	Mrs. HAROLD	„	Mrs. TRIBE
„	MEADOWS, A.I.S.T., M.R.S.H.	„	WILLIAMSON, M.A.
	Mrs. A. CAMBELL, M.A.	} co-opted	
	Mrs. M. DEAN, M.A.		

MATERNITY FINANCE SECTION*Chairman:* Councillor DICKINS.*Vice-Chairman:* Alderman Mrs. ANDREWS, M.B.E.

Councillor	MEADOWS, A.I.S.T., M.R.S.H.	Councillor	WILLIAMSON, M.A.
„	SIMPSON, M.B.E.		Mrs. M. DEAN, M.A.

MOTHER AND BABY HOSTEL HOUSE SECTION*Chairman:* Alderman Mrs. ANDREWS, M.B.E.*Vice-Chairman:* Councillor DICKINS

Councillor	Miss GOOD, M.A.	Mrs. A. CAMPBELL, M.A.
	Mrs. M. DEAN, M.A.	

MENTAL HEALTH SUB-COMMITTEE*Chairman:* Councillor MEADOWS, A.I.S.T., M.R.S.H.*Vice-Chairman:* Councillor Miss SPOKES, M.A.

Alderman	Mrs. HARRISON-HALL, J.P., M.B., Ch.B.	Councillor	RICHARDSON
„	ROBERTS	„	SIMPSON, M.B.E.
Councillor	CONSTABLE, B.Sc., M.A.	„	WILLIAMSON, M.A.
„	Mrs. HAROLD	„	WILCHER, C.B.E., B.Litt., M.A.
Mrs. M. HOUGHTON		Mrs. O. PHIPPS (until November, 1965)	
	Mrs. H. C. BROWN, J.P.	} co-opted.	
	Mrs. DORE		

WELFARE SERVICES SUB-COMMITTEE*Chairman:* Councillor MEADOWS, A.I.S.T., M.R.S.H.*Vice-Chairman:* Alderman Mrs. HARRISON-HALL, J.P., M.B., Ch.B.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	SIMPSON, M.B.E.
„	BROMLEY	„	Miss SPOKES, M.A.
„	ROBERTS	„	WHITE
Councillor	CONSTABLE, B.Sc., M.A.	„	WILCHER, C.B.E., B.Litt., M.A.
„	Miss GOOD, M.A.	„	WILLIAMSON, M.A.
„	LOUGHRAN	„	WOODWARD
„	RICHARDSON		

GENERAL PURPOSES SUB-COMMITTEE

The Chairman and Vice-Chairman of the Health Committee, and of the Maternity Child Welfare and Home Services; Mental Health; and Welfare Services Sub-Committees, together with Alderman Roberts.

Representatives of Health Committee on Joint City and County Ambulance Committee

Alderman	Mrs. HARRISON-HALL, J.P. M.B., Ch.B.
Councillor	MEADOWS, A.I.S.T., M.R.S.H.
„	RICHARDSON
„	SIMPSON, M.B.E.
„	WILCHER C.B.E., B.Litt., M.A.

Representatives of Health Committee on Oxford Voluntary Care Committee for Tuberculosis and Chest Diseases

Councillor	CONSTABLE, B.Sc., M.A.	Councillor	MEADOWS, A.I.S.T., M.R.S.H.
„	Miss GOOD, M.A.	„	Mrs. HAROLD

HOUSING COMMITTEE*Chairman:* Councillor WILLIAMSON, M.A.*Vice-Chairman:* Alderman FAGG

Councillor	BOWDERY	Councillor	MAGEE
„	Miss GOOD, M.A.	„	McKAY
„	INGRAM	„	PARKER
„	LIHOU	„	Mrs. TRIBE
„	LOUGHRAN	„	WELFORD

[b] HEALTH DEPARTMENT STAFF*Medical Officer of Health*

J. F. WARIN, M.D., D.P.H.

Deputy Medical Officer of Health

H. H. JOHN, M.B., B.Ch., D.P.H. D.C.H., D.R.C.O.G. (Ceased 31.10.65).

R. P. RYAN, M.B., B.S., D.P.H. (Commenced 6.12.65).

Senior Assistant Medical Officers of Health

A. I. BLENKINSOP, M.B., B.S., D.P.H., D.C.H., D.R.C.O.G. (General Purposes).

C. E. HALL, M.B., Ch.B. D.P.H., D.C.H., D.R.C.O.G. (Maternity and Child Welfare).

J. H. TILLEY, M.B., B.Ch., D.P.H. (Welfare).

Assistant Medical Officers of Health

E. P. LAWRENCE, M.B., B.Ch., D.P.H., D.T.M. & H.

G. E. LEYSHON, M.B., Ch.B., D.P.H.

M. J. O'SULLIVAN, M.R.C.S., L.R.C.P., D.P.H.

Consultant Tuberculosis Officer (Part-time).

F. RIDEHALGH, M.D., F.R.C.P.

Principal Dental Officer

C. H. I. MILLAR, B.Sc., L.D.S.

Chief Public Health Inspector

W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (a) (b) (c) (d).

Deputy Chief Public Health Inspector

S. J. GARROD (a) (b) (c) (d).

Senior Public Health Inspectors

R. CROSSLEY (a) (b) . (Housing). (Commenced 1.4.65).

K. ENGLAND (a) (b).

K. O. KEIGHLEY (a) (b).

J. P. MULLARD (a) (b).

J. G. SCOTT (a) (b) (e).

D. WATSON (a) (b) (d).

District Public Health Inspectors

P. R. DAVIS (f).

A. W. FLOCKHART (a) (b) Scotland. (On University Course).

I. F. KING (a).

N. M. NEWTON (a)

D. G. SAFFIN (f).

(a) Sanitary Inspector's Certificate, Sanitary Inspector's Joint Board.

(b) Meat and Food Inspector's Certificate, Royal Society of Health.

(c) Sanitary Science Certificate, Royal Society of Health.

(d) Smoke Inspector's Certificate, Royal Society of Health.

(e) Testamur of Institute Public Cleansing.

(f) Public Health Inspector's Certificate, Public Health Inspector's Joint Board.

Technical Assistants

J. A. WIRDNAM. (Commenced 15.2.65).

P. WAINWRIGHT. (Commenced 21.6.65).

*Pupil Public Health Inspectors: 3. (1 vacant).**Outside Public Health Assistants: 3.**Superintendent Nursing Officer*

Miss M. G. ATKINSON, D.N. (a) (c) (d) (e).

Deputy Superintendent Health Visitor.

Miss G. DAVIES, D.N. (a) (c) (d).

Senior Health Visitors

Miss J. BARNETT (a) (c) (d).

Miss N. CROOKALL (a) (d).

Miss M. WILLIS (a) (c) (d).

Health Visitors

Miss E. J. BLACKLER (a) (c) (d).

Miss D. BREE (a) (c) (d).

Miss P. A. BROADBENT (a) (c) (d). (Commenced 18.1.65).

Miss M. BROWN (a) (c) (d) (e).

Mrs. D. A. DOWLING (a) (d).

Miss E. DUDSON (a) (c) (d) (e).

Miss J. M. FAIRS (a) (c) (d).

Mrs. B. C. HALLETT (a) (c) (d).

Miss K. J. HAYES (a) (c) (d).

Miss G. M. LAWRENCE (a) (c) (d).

Miss H. RANKIN (a) (c) (d).

Miss H. L. ROBINSON (a) (c) (d).

Miss D. R. TATTERSALL (a) (c) (d).

Miss C. TURCHI (a) (c) (d) (e). (Commenced 1.9.65).

Miss M. WITTEN-HANNAH (a) (d).

Mrs. M. S. SCOTT (a) (c) (d). (Commenced 1.9.65). (Temporary).

Student Health Visitors

4 1st year. 5 2nd year.

Non-Medical Supervisor of Midwives

Miss P. MILLAR (a) (c).

Assistant Non-Medical Supervisor of Midwives

Miss D. B. INNESS (a) (c).

Senior District Midwife

Miss M. E. VINER (a) (c).

Midwives

Miss P. D. DAYMOND (a) (c). (Commenced 8.2.65).

Miss M. C. FISHER (a) (c).

Miss J. HEPWORTH (a) (c). (Commenced 27.9.65).

Miss M. E. NICHOLAS (a) (c).

Miss D. R. PADWICK (a) (c).

Miss M. R. POWELL (a) (c).

Miss J. M. PROBERT (a) (c). (Ceased 21.9.65).

Miss D. E. REEVE (a) (c).

Deputy Superintendent District Nurses

Miss D. M. KING (a) (c) (e). (Ceased 26.9.65). (Transferred to Student Health Visitors' Course).

Mrs. M. ANGELL (a) (e). (Transferred from District Nurse 1.9.65).

Senior District Nurses

Miss W. DUNLOP (a) (c) (e).

Mrs. E. MOBEY (a) (c) (e). (Transferred from District Nurse).

Miss G. PUGH (a) (e).

District Nurses

Mrs. M. ANGELL (a) (e). (Transferred to Deputy Superintendent 1.9.65).

Mrs. W. BRICKNELL (a) (e). (Ceased 8.3.65).

Mrs. V. N. CARTER (a) (c) (d) (e).

Mrs. F. M. DAVIES (a) (e). (Ceased 26.9.65). (Transferred to Student Health Visitors' Course).

Mrs. G. M. KIRK (a). (Commenced 1.9.65).

Miss B. MOSS (a) (e).

Miss B. M. PARKER (a) (e). (Commenced 3.5.65).

Mrs. R. QUIGLEY (a).

Mrs. H. ROBERTSON (a) (c) (e).

Mrs. Y. K. SORENSON (a) (e). (Commenced 3.5.65).

Miss M. E. THOMPSON (a) (c).

Miss E. W. TURRILL (a) (c).

Mrs. K. M. THORNLEY (a) (e). (Ceased 11.1.65).

Miss R. WOODWARD (a) (e). (Commenced 13.9.65).

Mrs. C. BARKER, Nursing Orderly.

Part-time Nurses: 10.

Student District Nurses: 4.

Miss E. HAY, Warden/Housekeeper, Nurses' and Midwives' Hostel.

Mother and Baby Hostel

Mrs. B. HUMPHRIES (a) (c). Matron.

Miss F. BOLTON (f). Deputy Matron.

Miss F. A. GODDARD, C.C.R. Nurse. (Part-time).

*Nurseries**Botley Road Day Nursery*

Miss G. M. NIXEY (f). Matron.

Miss G. M. THOMAS (f). Deputy Matron.

Two Nursery Nurses.

Florence Park Day Nursery

Mrs. E. PEARCE (a) (c). Matron.
Miss G. M. HARRIS (f). Deputy Matron.
Two Nursery Nurses.

Home Help Service

Miss P. E. URBAN-SMITH, Organiser.
Miss K. THICKE, Assistant Organiser.

Occupational Therapists

Miss J. A. GOULD, S.R.O.T., Head Occupational Therapist.
Mrs. M. M. BROCKETT, S.R.O.T., Assistant Occupational Therapist.
Mrs. J. TREEN (nee HIPWELL), S.R.O.T., Assistant Occupational Therapist.

Medical-Social Workers

Mrs. D. HICKS (Tuberculosis). (Part-time).
Miss B. PIESSE (Venereal Diseases). (Part-time).

Mental Health

*D. A. PURRETT, Chief Mental Health Officer.
*Miss E. GILBERTSON (a) (c) (d). Senior Mental Health Officer.
Miss J. M. BRICE, Mental Health Officer. (Temporary). (Commenced 8.11.65).
L. A. CLINKARD, Mental Health Officer.
D. W. MACKINTOSH, Mental Health Officer. (Commenced 1.3.65).
F. F. VIPOND, Mental Health Officer. (On Social Workers' Course).
Miss M. BENNETT, Trainee Mental Health Officer. (Ceased 27.4.65).
D. E. HOE, Trainee Mental Health Officer. (Commenced 1.2.65).
J. T. NIX, Trainee Mental Health Officer. (Commenced 1.3.65).
*Declaration of Recognition of Experience, Council for Training in Social Work.

Training Centre

Miss O. WARBURTON, Supervisor.

Assistant Supervisors

Mrs. E. Allen
Miss M. BENNETT. (Temporary). (Commenced 28.4.65). (Ceased 15.8.65).
Mrs. M. CORRIGAN.
Mrs. M. FAWCETT. (Ceased 9.5.65).
Mrs. J. WEBBERLEY.
Mrs. M. E. FINLEY, Nursery Assistant. (Commenced 8.11.65).

Industrial Training Unit

I. J. PRICE, Manager. (Commenced 1.8.65).
J. A. HOPE, Senior Instructor. (Commenced 1.9.65). (Transferred from Training Centre).
A. ELVIDGE, Instructor. (Commenced 1.11.65).
Mrs. M. HEAD, Instructor. (Commenced 1.11.65).
Mrs. R. S. PRICE, Instructor. (Commenced 1.9.65).

St. Nicholas House (Hostel for subnormal children)

Mrs. S. G. DAVIS, Superintendent.
Miss F. M. JEANS (f). Matron. (Ceased 30.6.65).
Mrs. E. M. BURTON, Housemother. (From 1.9.65).
Mrs. F. P. COWLEY, Assistant Housemother. (Commenced 1.9.65).
Mrs. J. E. FOSTER, Assistant Housemother. (From 16.8.65).
Miss S. MORFORD, Assistant Housemother. (Commenced 16.8.65).
Mrs. B. M. VIPOND, Assistant Housemother. (From 1.9.65).

Welfare Services

*J. C. DAVENPORT, Chief Welfare Services Officer.
*J. HADFIELD, Deputy Chief Welfare Services Officer. (Retired 19.9.65).
†R. J. CRANE, Deputy Chief Welfare Services Officer. (Transferred from Senior Welfare Services Officer 20.9.65).
*J. CLARKE, Senior Welfare Services Officer.
Miss A. C. HERBERT (a). Senior Welfare Services Officer. (Transferred from Welfare Services Officer 20.9.65).
†M. H. STANLEY, Welfare Services Officer. (From 1.7.65).
Mrs. M. DALE (a). Welfare Assistant. (Old People's Welfare).
Mrs. E. GODFREY (a). Welfare Assistant. (Old People's Welfare).

Miss R. WADDLE, Welfare Assistant. (Welfare of the Deaf).
 Miss M. FORD, Trainee Welfare Officer. (Commenced 1.4.65).
 A. J. FURZE, Trainee Welfare Officer. (Commenced 1.4.65).
 Miss P. M. DELL, Craft Instructress.
 Miss J. BARON, Home Teacher to the Blind.
 Mrs. E. DEAN, Home Teacher to the Blind.
 N. BOWLEY, Superintendent of Handicapped Workshop.
 M. TRAFFORD, Foreman of Handicapped Workshop.
 Mrs. M. HATTON, Sales Assistant, Handicapped Retail Shop. (Part-time).
 (Ceased 7.7.65).
 Mrs. D. MANSON, Sales Assistant, Handicapped Retail Shop. (Part-time).
 Mrs. E. S. QUICK, Sales Assistant, Handicapped Retail Shop. (Part-time).
 (Commenced 1.7.65).
 Miss B. SINGLETON, M.Ch.S., Chiropodist. (Part-time).
 R. WILSON, Laundry Engineer. (Commenced 1.7.65).
 *Declaration of Recognition of Experience, Council for Training in Social Work.
 †Certificate, Council for Training in Social Work.

Old People's Homes

Barton End

Mrs. N. K. DIXIE (a). Matron. (Ceased 30.11.65).
 Mrs. M. C. COLLISON (b). Matron. (Commenced 1.12.65).
 Mrs. B. E. HICKEY (b). Deputy Matron. (Ceased 31.8.65).
 Mrs. B. P. LEAHY (b). Deputy Matron. (Commenced 1.10.65).

Cuttislowe Court

Mrs. E. PRATT (a). Matron.
 Mrs. C. M. AVERY (a). Deputy Matron. (Commenced 30.1.65).

Frilford House

J. CHERRY, M.B., B.S., Medical Officer. (Part-time).
 Miss P. F. SIRMAN (b). Acting Matron. (Commenced 1.9.65).
 Mrs. L. WATFORD (b). Matron. (Transferred to Matron, Iffley House, 28.8.65).
 Mrs. D. MASTERTON (b). Deputy Matron. (Commenced 1.11.65).
 Mrs. E. G. FIDLER (b). Deputy Matron. (Transferred to Deputy Matron, Iffley House, 1.9.65).

Iffley House

Mrs. T. FOVARGUE (a). Matron. (Ceased 13.9.65).
 Mrs. L. WATFORD (b). Matron. (Transferred from Frilford House 28.8.65).
 Miss P. SIRMAN (b). Deputy Matron. (Transferred to Frilford House as Acting Matron, 1.9.65).
 Mrs. E. G. FIDLER (b). Deputy Matron. (Transferred from Frilford House 1.9.65).

Marston Court

Mrs. M. SWAIN (a). Matron.
 Mrs. D. GOWER (a) (c). Deputy Matron. (Ceased 8.5.65).
 Mrs. T. M. DARBYSHIRE (b). Deputy Matron. (Commenced 1.5.65).

Oseney Court

Mrs. A. E. COULTER-SMITH (b). Matron.
 Mrs. M. COLLINSON (b). Deputy Matron. (Transferred to Matron, Barton End, 1.12.65).
 Miss D. BROOME (b). Relief Deputy Matron. (Commenced 1.12.65).

Shotover View

Miss M. A. BULBECK (b). Matron.
 Miss N. BELLINGHAM (b). Deputy Matron. (Ceased 2.1.66).
 Mrs. M. E. KELLY, S.R.M.N. Deputy Matron. (Commenced 1.12.65).

Townsend House

Mrs. L. TEMPLETON (a). Matron.
 Miss M. GILLESPIE (b). Deputy Matron.

Relief Deputy Matron, Old People's Homes

Mrs. M. FLATMAN (b). (Commenced 26.7.65). (Ceased 27.12.65).
 Mrs. M. E. KELLY, S.R.M.N. (Commenced 19.7.65). (Transferred to Deputy Matron, Shotover View 1.12.65).

Administrative

H. G. ANNELY, Chief Administrative Assistant.
 T. D. THOMSON, Senior Administrative Assistant.
 L. C. STOCKFORD, Senior Administrative Assistant (Welfare Services).
 W. J. GIBBS, Administrative Assistant (General Purposes).
 L. N. TUTT, Administrative Assistant (Mental Health).
 E. W. WOODWARDS, Administrative Assistant (Public Health Inspector's).
 (Commenced 4.1.65).
 Miss M. V. CRABB, Medical Officer of Health's Secretary.
 Mrs. J. A. TAYLOR, nee CHARLES, Chief Public Health Inspector's Typist/
 Secretary.
 Miss D. M. MULHOLLAND, Chief Welfare Services Officer's Typist/Secretary.
 (Ceased 17.1.65).
 Mrs. S. M. STEVENSON, nee ALEXANDER, Chief Welfare Services Officer's Typist/
 Secretary. (Commenced 15.2.65).
 B. EALEY, Senior Clerical Assistant (Welfare Services).
 P. C. GOMM, Senior Clerical Assistant (Welfare Services).
 Mrs. S. E. BRIGGS, Clerical Assistant (Public Health Inspector's). (Commenced
 15.11.65).
 Mrs. J. R. DOWN, Clerical Assistant (Public Health Inspector's). (Ceased
 30.9.65).
 Miss M. GARRETT, Clerical Assistant (Welfare Services). Commenced 1.3.65).
 Mrs. K. W. GOLDSMITH, Clerical Assistant (Mental Health). (Ceased 31.1.65).
 Mrs. B. M. GRANT, Clerical Assistant (Welfare Foods).
 Miss N. M. JOHNSON, Clerical Assistant (Health Visitors).
 Miss H. M. MITCHELL, Clerical Assistant (Maternity and Child Welfare and
 Infectious Diseases).
 Miss N. L. NEALE, Clerical Assistant (Welfare Services).
 Miss I. STONE, Clerical Assistant (Vaccination and Immunisation).
 Miss M. M. SNOWDEN, Clerical Assistant (Home Help).
 Mrs. S. M. TOWNSEND, nee COOK, Clerical Assistant (Mental Health), Com-
 menced 5.7.65).
 Miss M. E. WOOD, Clerical Assistant (District Nurses and Midwives).
 Mrs. L. W. YOUNG, Clerical Assistant (Mental Health). (Commenced 8.2.65).
 Ceased 23.7.65).
 Mrs. V. WALFORD, Shorthand Typist/Clerk (temporary). (Cervical Cytology)
 (Commenced 7.12.64). (Ceased 11.8.65).
 Mrs. C. TASKER, Shorthand Typist/Clerk (temporary). (Cervical Cytology).
 Commenced 9.8.65).
 Miss M. J. COLWELL, Shorthand Typist (Public Health Inspector's). (Ceased
 30.6.65).
 Miss D. SKINNER, Shorthand Typist (Welfare Services).
 Mrs. J. WILMER, Shorthand Typist (Public Health Inspector's). (Commenced
 12.7.65).
 Miss B. MANTHORPE, Secretary/Receptionist, Blackbird Leys Health Centre.
 (Ceased 31.7.65).
 Mrs. B. PARRATT, Secretary/Receptionist, Blackbird Leys Health Centre.
 (Commenced 9.8.65).
 Mrs. E. THOMSON, Clerk/Receptionist, Blackbird Leys Health Centre.
 N. J. KENNEDY, Administrative Trainee (Welfare Services). (Commenced
 2.12.65).
 Miss J. A. LITTLE, Administrative Trainee (Welfare Services). (Commenced
 1.6.65).
 R. P. WHITE, Telephone Operator.
 Twelve Clerks, General Division.
 One Van Driver.

- (a) State Registered Nurse.
- (b) State Enrolled Nurse.
- (c) State Certified Midwife.
- (d) Health Visitor's Certificate.
- (e) Queen's Nurse.
- (f) Certified Nursery Nurse.

(c) OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

		<i>Telephone No.</i>
Main Office (Health and Welfare)	Greyfriars, Paradise Street	Oxford 47212
Mental Welfare	14 Castle Street	„ „
Immunisation and Vaccination	} 24 Church Street, St. Ebbe's	„ „
Welfare Foods		
Health Visitors	3 Castle Terrace, St. Ebbe's	„ „
District Nurses, Main Home	39/41 Banbury Road	„ 57721
Branch Homes	23 Hollow Way, Cowley	„ 79382
	79 St. Leonard's Road, Headington	„ 62321
Midwives Hostel	39/41 Banbury Road	„ 55400
Home Help Organiser	29/31 George Street	„ 49811
Public Health Inspector's Office	36 Pembroke Street, St. Aldate's	„ 49811
Health Centre	Blackbird Leys Estate, Cowley	„ 78244
Botley Road Day Nursery	Botley Road	„ 43492
Florence Park Day Nursery	Florence Park	„ 77286
Mother and Baby Hostel	Clark's Row, St. Aldate's	„ 43072
Handicapped Workshop	} 12 Woodstock Road	„ 57602
Retail Shop		
Domiciliary Occupational Therapy		
Barton End Old People's Home	Barton Road, Headington	„ 62829
Cotteslowe Court Old People's Home	Wyatt Road, Summertown	„ 54446
Frilford House Old People's Home	Frilford Heath, Nr. Abingdon, Berkshire	Frilford Heath 238
Iffley House Old People's Home	Iffley Turn	Oxford 78141
Marston Court Old People's Home	Marston Road	„ 41526
Oseney Court Old People's Home	Botley Road	„ 44592
Shotover View Old People's Home	Horspath Road, Cowley	„ 78468
Townsend House Old People's Home	Bayswater Road, Headington	„ 62232
Homeless Families Unit	Slade Park, Headington	„ 78711
St. Nicholas House	St. Nicholas Road, Littlemore	„ 77855
Training Centre	St. Nicholas Road, Littlemore	„ 77878
Industrial Training Unit	Brasenose Driftway, Cowley	„ 79570
Ambulance Headquarters	Churchill Drive, Old Road, Headington	„ 61336

(d) CLINICS**1. Antenatal and Cervical Cytology**

Bury Knowle House, Old High Street, Headington	Friday	9.30 a.m.— 12 noon
East Oxford Centre, 151a Cowley Road	Tuesday	9.30 a.m.— 12 noon
60 St. Aldate's	Thursday	9.30 a.m.— 12 noon

2. *Child Welfare*

Blackbird Leys Health Centre, Cowley	*Tuesday	2—4 p.m.
	*Wednesday	10—11 a.m.
	Wednesday	2—4 p.m.
	*Thursday	2—4 p.m.
British Legion Hall, Hadow Road, New Marston	Wednesday	2—4 p.m.
Bury Knowle House, Old High Street, Headington	*Tuesday	2—4 p.m.
	Thursday	2—4 p.m.
Clinic Premises, Albert Street, St. Barnabas	Monday	2—4 p.m.
	*Wednesday	2—4 p.m.
Clinic Premises, 14 Church Street, St. Ebbe's	Tuesday	2—4 p.m.
Clinic Premises, Lake Street	Tuesday	2—4 p.m.
Clinic Premises, South Parade, Summertown	Tuesday	2—4 p.m.
	*Wednesday	2—4 p.m.
	Thursday	10.0 a.m.— 12 noon
Clinic Premises, Temple Road, Cowley	Monday	2—4 p.m.
	*Tuesday	2—4 p.m.
	*Wednesday	9—10 a.m.
Community Centre, Underhill Circus, Barton Estate, Headington	Wednesday	2—4 p.m.
Community Centre, The Oval, Rose Hill	Thursday	2—4 p.m.
Donnington School Clinic, Henley Avenue	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
	*Friday	2—4 p.m.
East Oxford Centre, 151a Cowley Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
Northway Clinic, Maltfield Road	Thursday	2—4 p.m.
Slade Park Clinic, 2nd Avenue, Slade Park	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
Village Hall, Wolvercote	Thursday	2—4 p.m.
Surgery Premises, 217 Iffley Road	*Wednesday	2—3 p.m.
Surgery Premises, 12 Old High Street, Headington	*Wednesday	2—3 p.m.
*General Practice Clinic		

3. *Immunisation and Vaccination*

24 Church Street, St. Ebbe's (also at all Child Welfare Clinics)	Wednesday	5—5.30 p.m.
Yellow Fever, 24 Church Street, St. Ebbe's	Tuesday	2.0 p.m. (by appointment)

4. *Dental*

60 St. Aldate's	By appointment
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Part I: Health and Welfare Services Capital Works Programme, 1965-66

Name of Authority: OXFORD C.B.C.

25

PROJECTS	Whether project included in Minister's lists for 1965/66. (The appropriate code should be ringed)	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) year in which this applies	REMARKS
				Details	Figures in £			
					Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
(a) Nurses and Midwives Hostel	0	Cowley Road, Oxford	(a) Replacement (b) New Provision	Cost of Site Cost of accommodation incl. cost of external works and any other costs of works	£9,000		(i) 1967/68	Closure of: (a) 39/41 Banbury Road 1967/68
(b) Health Centre			(c) Replacement	Cost of furniture and loose equipment	£135,000		(ii) £16,000	(c) 151a Cowley Road 1967/68
(c) Clinic Premises				Total cost of project	£9,000		(iii) 1967/68	Exempt from deferrment
					£153,000			
St. Barnabas Clinic Extension	0	Albert Street, Oxford	Extension of existing inadequate accommodation	Cost of site Cost of accommodation incl. cost of external works and any other costs of works Cost of furniture and loose equipment Total cost of project	Nil £6,000 £200 £6,200		(i) 1966/67 (ii) £700 (iii) 1967/68	Site owned by the Council Exempt from deferrment
				Totals (C/F)	£159,200			

Part II (A): Health and Welfare Services Capital Works Programme, 1966/67 to 1975/76

Financial Year 1966/7

Name of Authority: OXFORD C.B.C.

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) year in which this applies	REMARKS
				Details	Figures in £			
					Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
Old People's Home, Blackbird Leys Estate	19	Blackbird Leys Estate, Cowley Oxford. 60 places (a) 3 (b) 57	Additional accommodation and replacement	Totals (B/F)	£159,200			
				Cost of site	£11,000		(i) 1967/68	
				Cost of accommodation incl. cost of external works and any other costs of works	£109,000		(ii) £17,000	
				Cost of furniture and loose equipment	£10,300		(iii) 1968/69	
				Total cost of project	£130,300			
Junior Training Centre Extension. Special Care Unit.	05	St. Nicholas Road, Littlemore, Oxford. 12 places.	Extension to existing building	Cost of site	Nil		(i) 1966/67	Closure of Frilford House Old People's Home. 26 beds. 1968/69 (a) Postponed from 1965/66 (b) June quarter 1966
				Cost of accommodation incl. cost of external works and any other costs of works	£2,200		(ii) £1,700	
				Cost of furniture and loose equipment	£300		(iii) 1967/68	
				Total cost of project	£2,500			
				Totals (C/F)	£292,000				Site owned by the Council (b) June quarter 1966

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) year in which this applies	REMARKS
				Details	Figures in £			
					Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
Mixed Male and Female Mental Health Hostel.	10	Brasenose Driftway, Cowley, Oxford. 24 places	New Provision	B/F	£292 000		(i) 1967/68	(b) June quarter 1966
				Cost of site	£5,500		(ii) £14,500	
				Cost of accommodation incl. cost of external works and any other costs of works	£59,500		(iii) 1968/69	
				Cost of furniture and loose equip- ment	£5,000			
				Total cost of project	£70,000			
Ambulance Depot Headquarters (i) Extension to Administrative Block (ii) Extension to Garage	15	Churchill Drive, Old Road, Headington,	Extensions to existing buildings	Cost of site	(i) Nil		(i) 1966/67	(a) Site owned by the Council. (b) June quarter 1966
				Cost of accommodation incl. cost of external works and any other costs of works	(ii) £3,400		(ii) £3,000	
				Cost of furniture and loose equip- ment	£32,500		(iii) 1967/68	
				Total cost of project	£300			
				Total cost of project	£36,200			
Day Centre for Handicapped Persons	21	Rectory Road, Oxford	New Provision	Cost of site	£42,000		(i) 1967/68	
				Cost of accommodation incl. cost of external works and any other costs of works	£22,000		(ii) £5,000	
				Cost of furniture and loose equip- ment	£5,000		(iii) 1968/69	
				Total cost of project	£69,000			
				Totals (C/F)	£467,200			

Part II (A): Health and Welfare Services Capital Works Programme, 1966/67 to 1975/76

Financial Year 1967/8

Name of Authority: OXFORD C.B.C.

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) year in which this applies	REMARKS
				Details	Figures in £			
					Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
Hostel for Mental Ill	12	In vicinity of Nowell Road Housing Estate, Rose Hill Precise site not yet settled. 24 places	New Provision	Totals (B/F)	£467,200 £9,000		(i) 1968/69	
				Cost of site			(ii) £14,500	
				Cost of accommodation incl. cost of external works and any other costs of works	£60,000		(iii) 1969/70	
				Cost of furniture and loose equipment	£5,000			
				Total cost of project	£74,000			
OldPeople's Home, St. Barnabas	19	North West Oxford. Site not yet settled. 60 places (a) 3 (b) 57	New Provision	Cost of site	£17,500		(i) 1968/69	
				Cost of accommodation incl. cost costs of works	£100,000		(ii) £21,500	
				Cost of furniture and loose equipment	£10,250		(iii) 1969/70	
				Total cost of project	£127,750			
				Totals (C/F)	£668,950			

Part II: (A): Health and Welfare Services Capital Works Programme, 1966/67 to 1975/76

Financial Year 1968/69

Name of Authority: OXFORD C.B.C.

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) year in which this applies	REMARKS
				Details	Figures in £			
					Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
Health Department Premises	17	Central City Area, Speedwell Street Site	Replacement of existing premises	Totals (B/F)	£668,950			Closure of present offices:— (i) Greyfriars, Paradise Street. (ii) 24 Church Street (iii) 3 Castle Terr. (iv) 36 Pembroke St. (v) 29/31 George St. (vi) 14 Castle St.
				Cost of site	£100 000		(i) 1970/71	
				Cost of accommodation incl. cost of external works and any other costs of works	£150,000		(ii) £2,000	
				Cost of furniture and loose equip- ment	£5,000		(iii) 1971/72	
				Total cost of project	£255,000			
Old People's Home, South Oxford	19	South Oxford. Site free after demolition of Gas Works 60 places. (a) 3 (b) 57	New Provision	Cost of site	£15,000		(i) 1969/70	
				Cost of accommodation incl. cost of external works and any other costs of works	£100,000		(ii) £21,500	
				Cost of furniture and loose equip- ment	£10,250		(iii) 1970/71	
				Total cost of project	£125,250			
				Totals (C/F)	£1,049,200			

Part II (A): Health and Welfare Services Capital Works Programme, 1966/67 to 1975/76

Financial Year 1969/70

Name of Authority: OXFORD C.B.C.

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) year in which this applies	REMARKS
				Details	Figures in £			
					Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
Mental Hostel for Older Subnormal Adults	10	The Slade, Headington, Oxford. 24 places	New Provision	Totals (B/F)	£1,049,200			(i) 1970/71
				Cost of site	£6,000			(ii) £15,000
				Cost of accommodation incl. cost of external works and any other costs of works	£60,000			(iii) 1971/72
				Cost of furniture and loose equip- ment	£6,000			
				Total cost of project	£72,000			
Central Premises: (i) Health Centre (ii) Clinic	01 02	Central City Area. Site not yet allocated	(i) New Pro- vision (ii) Replacement	Cost of site	£100,000			(i) 1970/71
				Cost of accommodation incl. cost of external works and any other costs of works	£40,000			(ii) £13 000
				Cost of furniture and loose equip- ment	£1,000			(iii) 1971/72
				Total cost of project	£141,000			
				Totals(C/F)	£1,262,200			
								(ii) Closure of clinic premises. 60 St. Aldates Church Street (rented premises).

Part II (A): Health and Welfare Services Capital Works Programme, 1966/67 to 1975/76

Financial Year 1970/71

Name of Authority: OXFORD C.B.C.

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) year in which this applies	REMARKS
				Details	Figures in £			
					Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
Health Centre	01	North Oxford. Site north of Marston Ferry Road	New Provision	Totals (B/F)	£1,262,200 £10,000		(i) 1971/72	
				Cost of site			(ii) £6,500	
				Cost of accommodation incl. cost of external works and any other costs of works	£25,000		(iii) 1972/73	
				Cost of furniture and loose equipment Total cost of project	£1,000 £36,000			
(i) Clinic (ii) Health Centre	02 01	Slade Park Headington, Oxford	(i) Replacement (ii) New Provision	Cost of site	£5,000		(i) 1970/71	(i) Closure of present clinic premises due to demolition.
				Cost of accommodation incl. cost of external works and any other costs of works			(ii) £21,000	
				Cost of furniture and loose equipment Total cost of project	£10,000 £250 £15,250		(iii) 1971/72	
Old People's Home	19	East Oxford. Site not yet available) 60 places (a) 3 (b) 57	New Provision	Cost of site	£10,000		(i) 1971/72	
				Cost of accommodation incl. cost of external works and any other costs of works			(ii) £21,000	
				Cost of furniture and loose equipment Total cost of project	£100,000 £11,000 £121 000		(iii) 1972/73	
				Totals (C/F)	£1,434,450			

Part II (A): Health and Welfare Services Capital Works Programme, 1966/67 to 1975/76

Financial Years 1971/76

Name of Authority: OXFORD C.B.C.

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) year in which this applies	REMARKS	
				Details	Figures in £				
					Amount of loan sanction required	Other capital expenditure			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)	
Health Centre	01	Temple Road, Cowley, Oxford	New Provision	Totals (B/F)	£1,434,450 £6,500				
				Cost of site			(i) 1972/73		
				Cost of accommodation incl. cost of external works and any other costs of works	£25,000		(ii) £6,500		
				Cost of furniture and loose equip- ment	£1,000		(iii) 1972/73		
				Total cost of project	£32,500				
Clinic Premises	02	Marston. Site not yet available	Replacement	Cost of site	£2,500			(i) 1972/73	Closure of existing rented premises
				Cost of accommodation incl. cost of external works and any other costs of works	£10,000		(ii) £1,500		
				Cost of furniture and loose equip- ment	£750		(iii) 1972/73		
				Total cost of project	£13,250				
				Totals (B/F)	£1,480 200				

Financial Years 1971/76

33

Closure of present out-of-date premises Florence Park

**Closure of present
out-of-date premises
Botley Road**

Part II (A): Health and Welfare Services Capital Works Programme, 1966/1967 to 1975/76

Financial Years 1971/76

Name of Authority: OXFORD C.B.C.

PROJECTS	Type of Project Code No. as per Coding List	LOCATION	NEED	ESTIMATED COST			Effect on annual net revenue expenditure (£ plus or minus), showing: (i) Expected year of opening; (ii) Effect in first full year; and (iii) year in which this applies	REMARKS
				Details	Figures in £			
					Amount of loan sanction required	Other capital expenditure		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
Clinic Premises	02	Wolvercote	Replacement	Totals (B/F)	£1,511,200 £2,500		(1) 1975/76	Closure of present unsatisfactory rented premises
				Cost of site			(ii) £1,500	
				Cost of accommodation incl. cost of external works and any other costs of works	£10,000		(iii) 1975/76	
				Cost of furniture and loose equipment	£750			
				Total cost of project	£13,250			
				Totals (C/F)	£1,524,450			

5/76

Name of Authority: OXFORD C.B.C.

[illegible]

Part III: Premises and Places in use or expected to be in use

Name of Authority: OXFORD C.B.C.

[illegible]

[illegible]

Part IV: Staff

Name of Authority: OXFORD C.B.C.

Item No.	Category of Staff	Expected w.t.e. at 31.12.65	Estimated requirements of paid staff in whole-time equivalents (w.t.e.) at 31st December					1975
			1966	1967	1968	1969	1970	
1	Doctors { Clinical	2.3	2.3	2.3	2.3	2.3	2.3	2.3
2	M.O.H. and Deputy .. .. .	.9	.9	.9	.9	.9	.9	.9
3	Dentists .. .. .	.25	.25	.25	.25	.25	.25	.25
4	Administrative and supervisory nursing staff	4	4	4	4	4	4	4
5	Domiciliary midwives employed by the Council, its agents, H.M.C.s or B.G.s	11	11	11	12	12	12	14
6	Health visitors and T.B. visitors (excluding tutors)	15	16	17	19	20	20	25
7	Home nurses	23	24	25	27	28	28	32
8	Day nursery staff	8	8	8	8	8	8	8
9	Other health services nursing staff	3	3	3	3	3	3	3
10	Home help organisers	2	2	2	2	2	2	2
11	Home helps	60	63	66	72	75	75	80
12	Ambulance { Senior operational staff	1.5	1	1	1	1.3	1.3	1.3
13	staff { Other operational staff	39	50	52	57	63	63	73
14	Staff of training centres for the mentally subnormal	11	13	13	15	17	17	17
15	Home teachers for the mentally subnormal	—	—	—	—	—	—	—
16	Staff in mental health residential accommodation including that for the elderly mentally infirm, provided under the N.H.S. Acts	6	7	11	15	19	19	19

Item No.	Category of staff	Expected w.t.e. at 31.12.65	Estimated requirements of paid staff in whole-time equivalents (w.t.e.) at 31st December					1975
			1966	1967	1968	1969	1970	
17	Mental health social workers	—	—	—	—	—	—	—
18		—	1	2	3	3	3	
19		6	5	5	4	4	4	
20	Mental health welfare assistants	2	2	1	—	—	2	
21		—	—	—	—	—	—	
22	Social workers other than mental health	.5	.5	.5	.5	.5	.5	
23		2	4	6	6	8	9	
24		7	8	5	5	4	4	
25	Welfare assistants other than mental health	—	1	2	2	1	—	
26		2	2	2	2	2	2	
27	Staff in homes for the elderly or elderly mentally infirm provided under the N.A. Act	102	102	110	124	138	152	
28	Staff in homes for the physically handicapped	—	—	—	—	—	—	
29	Occupational therapists	3	3	4	4	4	4	
30		—	—	—	—	—	—	
31	Craft instructors for the physically handicapped	1	2	2	2	2	2	
32	Chiroprodists	1	1	1	1	1	1	
33	Staff of temporary accommodation	2	2	2	2	2	2	

Code No.	Category of Staff	Expected w.t.e. at 31.12.1965	ESTIMATED REQUIREMENTS IN W.T.E.					
			31.12.1964	13.12.1965	31.12.1966	31.12.1967	31.12.1968	31.12.1973
34	ALL OTHER STAFF { Admin. and clerical	25.5	25	27	27.3	27.3	31.3	35.3
35	{ Employed under the N.H.S. Act	11	12	12	12	12	12	12
36	{ Manual and domestic	21	21	22	22	22	24	25
37	{ Employed under the N.H.S. Act	70	70	70	79	86	86	93
38	Other health and welfare staff	1	1	1	1	1	1	1
39	Grand total of items 1—38	443.95	464.95	488.95	527.25	556.25	579.55	633.55

Item No. 9—Matron, Mother and Baby Hostel.
Deputy Matron, Mother and Baby Hostel.
Item No. 38—Warden/Housekeeper Nurses and Midwives Hostel.

Nursery Nurse, Mother and Baby Hostel (p.t.).
Clinic Nurse (p.t.).

Part VI: Health and Welfare Services

Net Revenue Expenditure (including loan charges, expenses of debt management and capital expenditure met out of revenue)

Name of Authority: OXFORD C.B.C.

Item No.	Service	1964/65 Actual expenditure	1965/66 Estimate	1966/67 Estimate	1967/68 Estimate	1968/69 Estimate	1969/70 Estimate	1970/71 Estimate	1975/76 Estimate	Item No.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)	
1	Health centres	3,690	4,060	4,060	7,810	7,810	7,810	7,810	20,810	1
2	Care of mothers and young children	29,333	31,390	31,740	32,090	32,090	32,090	32,840	38,590	2
3	Midwifery (including expenditure as local supervising authority)	23,358	24,580	24,580	30,710	30,710	31,910	31,910	34,310	3
4	Health visiting	26,298	26,780	27,970	29,160	30,350	31,540	32,730	38,680	4
5	Home nursing	27,160	28,060	29,110	36,280	37,330	38,380	39,430	43,630	5
6	Vaccination and immunisation	1,717	2,070	2,070	2,070	2,070	2,070	2,070	2,070	6
7	Ambulance (including expenditure under the 1957 Act)	49,389	68,190	79,480	82,760	85,430	87,210	88,990	97,890	7
8	Prevention of illness, care and after-care (excluding mental health)	7,942	7,970	7,970	7,970	8,750	8,750	8,750	8,750	8
9	Domestic help	25,607	27,250	27,910	28,570	29,230	29,890	30,550	31,650	9
10	Mental health	29,687	46,160	48,060	59,360	76,890	84,440	94,540	103,440	10
11	Under other enactments	184	390	390	390	390	390	390	390	11
12	General administration	37,524	38,810	38,340	38,340	38,660	38,660	39,660	40,660	12
13	Expenditure on local health services not reckonable for general grant	1,819	6,750 Cr.	1,000	1,000	1,000	1,000	1,000	1,000	
14	Total for local authority health services (equivalent to item 4 of Table A of the Epitome of Accounts) (items 1-13)	263,708	298,960	322,680	356,510	380,710	394,140	410,670	461,870	14
15	Residential accommodation (other than temporary accommodation under ss. 21 and 26 of the National Assistance Act, 1948	155,043	169,740	171,910	189,170	226,310	262,930	274,440	321,690	15
16	Temporary accommodation under s. 21 (1) (b) of the National Assistance Act, 1948	1,853	3,030	3,090	3,130	3,210	3,210	3,230	3,240	16
17	Welfare services for the handicapped under ss. 29 and 30 (i) of the National Assistance Act, 1948	12,986	21,380	21,630	25,040	27,860	27,860	27,940	27,980	17
18	Other welfare services provided under the National Assistance Act, 1948	365	470	470	470	470	470	470	470	18
19	Total for local authority welfare services (Items 15—18)	170,247	194,620	197,100	217,810	257,850	294,470	306,080	353,380	19
	Grand total of expenditure (Items 14 and 19)	433,955	493,580	519,780	574,320	638,560	688,610	716,750	815,250	

Part VII: Special housing for the elderly

Name of Authority: OXFORD C.B.C.

	Date	31.3.1965	31.3.1966	31.3.1967	31.3.1968	31.3.1969	31.3.1970	31.3.1971
Provided by housing authorities	No. of units in use or expected to be in use	91	91	124	157	190	223	256
	No of persons accommodated	114	114	156	198	240	282	324
	No. of units in use or expected to be in use	107	129	134	150	163	163	184
Provided by housing societies	No. of persons accommodated	113	136	141	159	172	172	195

SECTION II

STATISTICS

Report prepared by H. G. ANNELY
Chief Administrative Assistant

SUMMARY

Area of City	8,785 acres
Population (estimated mid-year 1965)	109,320
Number of inhabited houses at 31.3.65	30,132
Rateable value of City at 31.3.65 ..	£6,558,436
Product of a penny rate for 1964/65 ..	£26,755

Total cost of all health services 1964/65:—

	<i>Gross</i>	<i>Net</i>
	£	£
Public Health Services	39,075	36,806
Local Health Authority Services	304,517	248,731
Welfare Services	272,963	178,750
	<u>£616,555</u>	<u>£464,287</u>

	<i>City of Oxford</i> <i>Average</i>		<i>England</i> <i>and Wales</i>
	1965	1955-64	1965
Live births:—			
Number	1,805		865,000
Rate per 1000 population (Recorded)	16.51	15.05	
Rate per 1000 population (as adjusted by comparability factor 0.93)	15.35		18.1
Illegitimate live births per cent of total live births	12.46	8.38	
Stillbirths:—			
Number	19		13,800
Rate per 1000 total live and stillbirths	10.42	15.71	15.7
Total live and stillbirths	1,824		878,800
Infant deaths (deaths under 1 year) ..	31		16,410

	<i>City of Oxford Average</i>		<i>England and Wales</i>
Infant mortality rates:—	1965	1955-64	1965
Total infant deaths per 1000 live births	17.17	18.24	19.0
Legitimate infant deaths per 1000 legitimate live births	15.19	17.95	
Illegitimate infant deaths per 1000 illegitimate live births	31.11	18.26	
Neonatal mortality rate (deaths under 4 weeks per 1000 total live births)	13.85	12.36	13.0
Early neonatal mortality rate (deaths under 1 week per 1000 total live births)	12.19	11.32	
Perinatal mortality rate (stillbirths and deaths under 1 week per 1000 total live and stillbirths)	22.48	26.52	26.9
Maternal mortality (including abortion)—			
Number of deaths	2	—	219
Rate per 1000 total live and stillbirths	1.10	0.18	0.25
Death rate per 1000 population (Recorded)	9.60	10.23	
Death rate per 1000 population (as adjusted by comparability factor 0.96)	9.22		11.5
Death rate per 1000 population from:—			
(a) Diseases of the heart and circulatory system	3.80	3.59	
(b) Cancer (all forms)	1.77	1.92	
(c) Pneumonia, bronchitis and other diseases of the respiratory system ..	1.20	1.27	
(d) Tuberculosis (all forms)	0.03	0.07	
(e) Violence (including suicides) ..	0.56	0.52	

BIRTHS

Total registered live births:—

Male	..	..	..	2,356
Female	..	..	..	2,197
				<hr/>
				4,553
				<hr/>
(Illegitimate	..	..		368)

Of the 4,553 births registered 1,756 were Oxford residents and 49 births to Oxford residents occurred outside the City, making a total of 1,805 births allocated to the City. Of these 1,580 were legitimate (822 male, 758 female) and 225 were illegitimate (110 male, 115 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) According to notifications

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives	484	—	5	—
Notified by general practitioner	1	—	—	—
Notified by Nuffield Maternity Home	727	10	1,935	39
Notified by Churchill Hospital	525	10	881	10
	1,737	20	2,821	49

(b) According to Place of Birth (registered births)

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	734	10	1,910	38
Born in Churchill Hospital	535	9	882	10
Born in private houses	487	—	5	—
	1,756	19	2,797	48

BIRTHS AND DEATHS IN THE CITY, 1921—1965

Year	Population estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
		Uncorrected No.	Net		No.	Rate	of Non-residents registered in the District	of Residents not registered in the District	Under 1 year		At all ages	
			No.	Rate					No.	Rate per 1000 Net Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
21	56,400	957	929	16.47	681	12.07	124	42	34	36.6	598	10.63
22	56,510	982	902	15.96	812	14.37	153	62	54	59.8	721	12.75
23	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.43
24	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.94
25	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.85
26	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.16
27	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.02
28	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.44
29	*70,730	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.00
	70,590											
30	*74,000	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.87
	73,810											
31	*80,810	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.76
	80,530											
32	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.96
33	83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11.09
34	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.09
35	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.12
36	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.16
37	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.31
38	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.27
39	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9.87
40	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.45
41	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.63
42	104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9.75
43	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.53
44	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.74
45	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.77
46	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.05
47	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.79
48	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8.63
49	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.00
50	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.71
51	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.45
52	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8.93
53	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.36
54	106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9.17
55	105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9.50
56	104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	10.33
57	104,400	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9.96
	† 104,230											
58	104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	10.15
59	104,000	3438	1560	15.0	1847	17.38	777	47	31	19.87	1117	10.74
60	104,490	3583	1549	14.83	1747	16.72	737	43	25	16.14	1053	10.08
61	106,410	3828	1695	15.93	1781	16.74	760	44	30	17.70	1065	10.01
62	106,560	3966	1695	15.91	1893	17.76	788	57	28	16.52	1162	10.93
63	107,110	4283	1842	17.20	1971	18.40	897	59	27	14.66	1133	10.58
64	108,880	4438	1872	17.19	1899	17.44	869	61	34	18.16	1091	10.02
65	109,320	4553	1805	16.51	1994	18.24	1000	55	31	17.17	1049	9.60

* Population birth rate.

City Extended 1st April 1929.

† Population birth and death rates. City Extended 1st. April 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1965

(Table of Registrar General)

CAUSES OF DEATH	All ages	Under 4 weeks	4 wks. under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES	1049	25	6	3	8	22	14	19	60	157	236	499
1. Tuberculosis, respiratory	2	—	—	—	—	—	1	—	—	—	—	1
2. Tuberculosis, other	1	—	—	—	—	—	—	—	—	1	—	—
3. Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	5	—	—	—	—	1	—	1	—	—	2	1
10. Malignant neoplasm, stomach ..	18	—	—	—	—	—	—	—	1	7	5	5
11. Malignant neoplasm, lung, bronchus	52	—	—	—	—	—	—	—	11	15	17	9
12. Malignant neoplasm, breast ..	12	—	—	—	—	—	2	—	2	3	3	2
13. Malignant neoplasm, uterus ..	7	—	—	—	—	1	—	1	—	3	—	2
14. Other malignant and lymphatic neo- plasms	105	—	1	—	3	1	—	3	11	21	28	37
15. Leukaemia, aleukaemia	12	—	—	—	1	—	1	1	2	1	2	4
16. Diabetes	7	—	—	—	—	—	—	—	1	1	2	3
17. Vascular lesions of nervous system	102	—	—	—	—	—	—	2	3	7	19	71
18. Coronary disease, angina	276	—	—	—	—	—	—	3	15	43	81	134
19. Hypertension with heart disease ..	4	—	—	—	—	—	—	—	—	2	2	—
20. Other heart disease	77	—	—	—	—	1	—	1	—	11	9	55
21. Other circulatory disease	58	—	—	—	—	—	1	—	1	6	14	36
22. Influenza	—	—	—	—	—	—	—	—	—	—	—	—
23. Pneumonia	67	—	2	—	—	3	—	—	1	2	9	50
24. Bronchitis	60	—	—	—	—	—	—	—	2	11	22	25
25. Other diseases of respiratory system	5	—	—	—	—	—	—	—	—	3	1	1
26. Ulcer of stomach and duodenum ..	4	—	—	—	—	—	—	—	—	1	1	2
27. Gastritis, enteritis and diarrhoea ..	7	—	—	1	—	—	—	—	1	1	2	2
28. Nephritis and nephrosis	4	—	—	—	—	2	1	—	—	1	—	—
29. Hyperplasia of prostate	4	—	—	—	—	—	—	—	—	—	1	3
30. Pregnancy, childbirth, abortion ..	2	—	—	—	—	1	1	—	—	—	—	—
31. Congenital malformations	10	5	1	1	—	1	—	—	—	1	1	—
32. Other defined and ill-defined diseases	88	20	1	—	1	1	1	4	3	6	10	41
33. Motor vehicle accidents ..	18	—	—	—	—	5	3	—	2	3	1	4
34. All other accidents	28	—	1	1	3	2	2	2	1	3	3	10
35. Suicide	14	—	—	—	—	3	1	1	3	4	1	1
36. Homicide and operations of war ..	—	—	—	—	—	—	—	—	—	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

CLASSIFICATION OF CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,049 deaths (1,091 in 1964) 526 were male and 523 female.

There were only 2 deaths from tuberculosis of the respiratory system, this is the lowest figure ever recorded.

Deaths from cancer numbered 194 (all sites), this figure is the lowest recorded since 1958. Deaths from cancer of the lung and bronchus numbered 52 (39 male and 13 female), a decrease of 10 over the previous year.

Two maternal deaths occurred, but there were no deaths from measles or whooping cough.

RESIDENTS WHO DIED IN INSTITUTIONS IN OXFORD 1965

United Oxford Hospitals Group	..	..	..	..	..	500
Oxford Regional Hospital Board Group	..	..	..	..	..	12
Nursing Homes	..	..	..	..	..	18
Old People's Homes (Local Health Authority)	..	..	..	..	..	46
Old People's Homes (Private)	..	..	..	..	..	7

*583

* = 29.24% of total deaths

RESIDENTS WHO DIED AWAY FROM OXFORD 1965

Regional Hospital Board Groups	..	..	..	..	..	20
Institutions and Nursing Homes	..	..	..	..	..	13
Private Houses	..	..	..	..	..	10
Accidents, etc.	..	..	..	..	..	12

55

NON-RESIDENTS WHO DIED IN OXFORD 1965

United Oxford Hospitals Group	..	..	..	..	..	854
Oxford Regional Hospital Board Group	..	..	..	..	..	14
Other Institutions and Nursing Homes	..	..	..	..	..	24
Private Houses	..	..	..	..	..	6
Place of employment	..	..	..	..	..	4
Accidents, etc.	..	..	..	..	..	98

1000

DEATHS FROM TUBERCULOSIS
YEARS 1946—1965

	PULMONARY							NON-PULMONARY						
	0-	1-	5-	15-	45-	65-	Total	0-	1-	5-	15-	45-	65-	Total
1946	—	—	—	16	10	2	28	1	3	1	4	3	1	13
1947	—	—	1	25	10	3	39	—	—	—	3	2	—	5
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2
1954	—	—	—	3	—	4	7	—	—	—	1	—	—	1
1955	—	—	—	2	3	5	10	—	—	—	1	1	—	2
1956	—	—	—	1	2	2	5	—	—	—	—	—	—	—
1957	—	—	—	—	4	1	5	—	—	—	1	—	—	1
1958	—	—	—	—	2	4	6	—	—	—	—	—	—	—
1959	—	—	—	3	3	3	9	—	—	1	—	1	—	2
1960	—	—	—	3	1	3	7	—	—	—	1	—	1	2
1961	—	—	—	—	3	2	5	—	—	—	—	—	—	—
1962	—	—	—	—	—	3	3	—	—	—	1	—	—	1
1963	—	—	—	1	2	4	7	—	—	—	—	1	1	2
1964	—	—	—	1	1	3	5	—	—	—	—	1	—	1
1965	—	—	—	1	—	1	2	—	—	—	—	1	—	1

The following table shows the deaths from cancer under various headings for the last twelve years:—

		1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Uterus		6	5	11	5	6	8	8	4	5	8	5	7
Stomach—													
Male	..	11	14	15	18	13	13	17	21	13	17	16	10
Female	..	15	15	17	2	9	7	16	12	15	18	13	8
Lung, bronchus—													
Male	..	33	28	31	38	35	43	40	44	53	37	44	39
Female	..	1	5	8	11	2	7	6	11	9	8	18	13
Breast	..	16	9	18	17	17	27	17	27	21	22	21	12
All other sites—													
Male	..	47	62	48	53	49	43	56	48	60	52	52	49
Female	..	43	56	49	46	45	54	48	47	48	42	51	56
Totals	..	172	194	197	190	176	202	208	214	224	204	220	194

Age and sex distribution of Cancer deaths

	All ages	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Male	98	—	1	—	1	—	—	1	11	27	33	24
Female	96	—	—	—	2	2	2	3	14	22	20	31
Total	194	—	1	—	3	2	2	4	25	49	53	55

Analysis of deaths from cancer according to the site of the disease:—

MALE

	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Stomach ..	—	—	—	—	—	—	—	1	5	1	3
Lung, bronchus	—	—	—	—	—	—	—	7	11	14	7
All other sites	—	1	—	1	—	—	1	3	11	18	14
Total ..	—	1	—	1	—	—	1	11	27	33	24

FEMALE

	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Stomach ..	—	—	—	—	—	—	—	—	2	4	2
Lung, bronchus	—	—	—	—	—	—	—	4	4	3	2
Breast ..	—	—	—	—	—	2	—	2	3	3	2
Uterus ..	—	—	—	—	1	—	1	—	3	—	2
All other sites	—	—	—	2	1	—	2	8	10	10	23
Total ..	—	—	—	2	2	2	3	14	22	20	31

SECTION III

GENERAL HEALTH SERVICES

(a) FLUORIDATION

Ministry of Health Circular 15/65 dated 3rd August, 1965, strongly re-emphasized the value of fluoridation and clarified the legal position now that the Watford case had been discontinued. Most unfortunately this circular was received at the same time as Ministry of Housing and Local Government Circular 62/65 on Public Expenditure, quickly followed by Ministry of Health Circular 20/65 headed Deferment of Expenditure on Capital Projects, etc., which made it quite clear that no new project could be started within the next six months unless there were quite exceptional circumstances. The Health Committee considered all three circulars at the same meeting in September and in conformity with Circular 62/65 decided that the question of fluoridation must be postponed at least until the preparation of estimates for the next financial year.

(b) HEALTH CENTRES

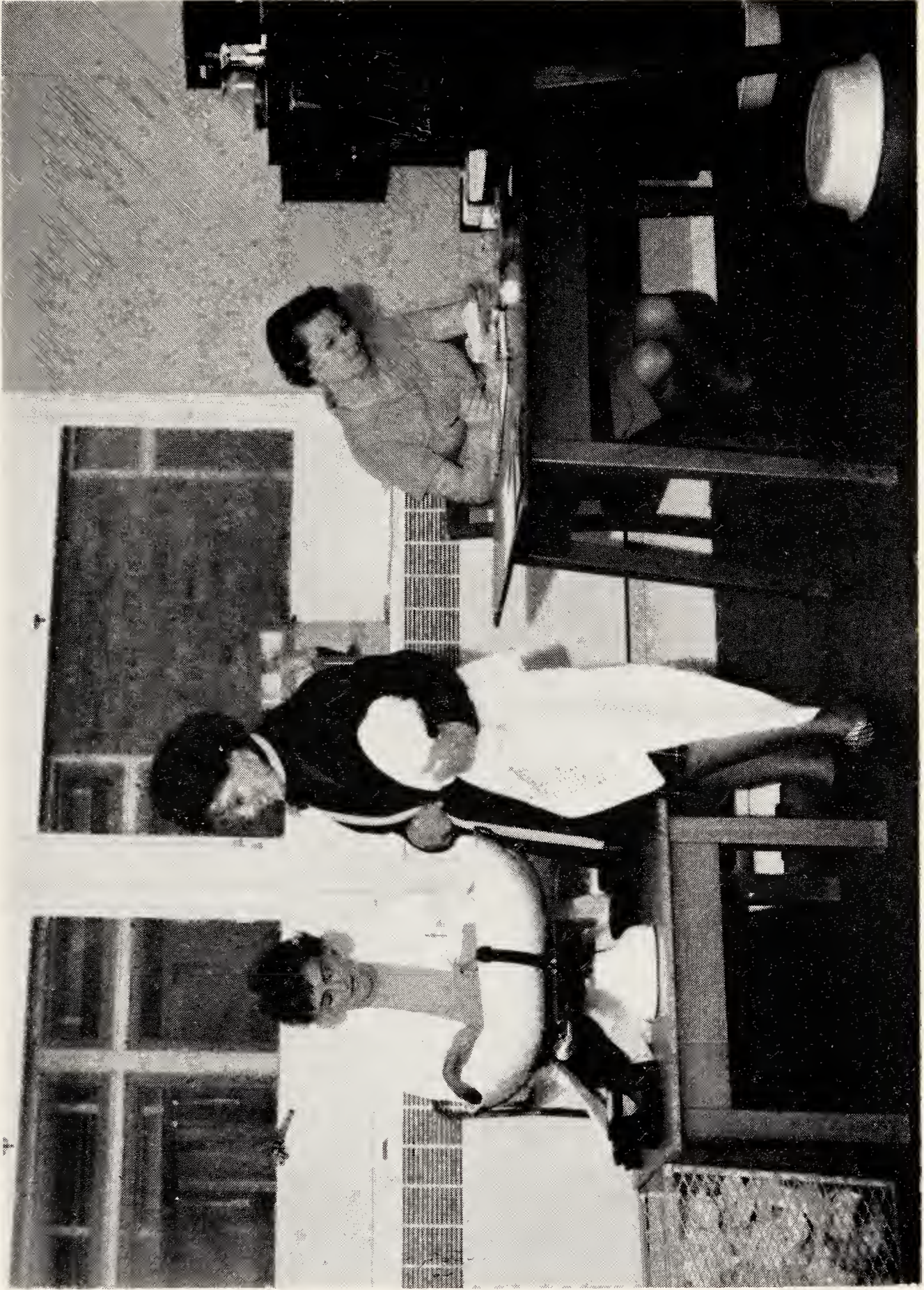
1. Blackbird Leys Health Centre

This has been the fifth complete year's working of this most successful Health Centre. The population of the estate continues to grow and the planned extension of the building was undertaken towards the end of the year. This will provide two additional surgeries, a new wing for clinic purposes, a room for social workers, and enlarged office accommodation.

Two doctors in partnership have continued to practise wholly from the Health Centre and five other practices have held between them a total of twelve branch surgery sessions each week. Two practices each hold their own weekly antenatal clinic, and, of the four child welfare clinics held at the Centre each week, three are taken by general practitioners for their own practice patients. A Family Planning Association Clinic is held once a week. In addition to general practitioners, health visitors, district nurses and midwives, the team working from the Centre now includes several social workers.

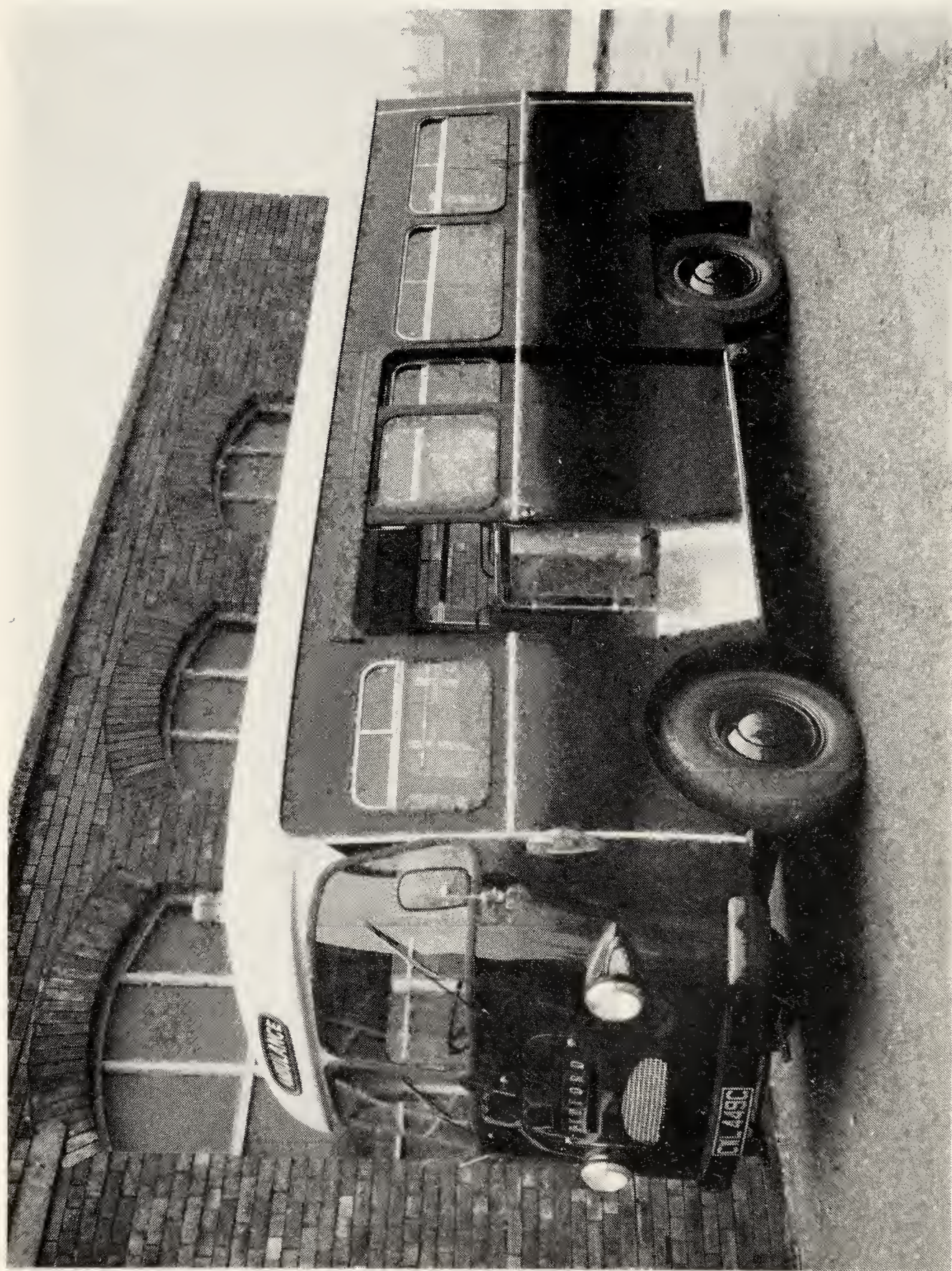
2. East Oxford Health Centre

The scheme for building a Health Centre plus headquarters and residential accommodation for the domiciliary midwifery and district nursing services on the Cowley Road Hospital frontage site went out to tender in July, but then got caught by Ministry of Health Circular 20/65. As a result, it was December before the Ministry agreed that because of special circumstances the scheme could be allowed to proceed. Building should now start in March, 1966, and be completed by April, 1967.



CHILD WELFARE CLINIC IN BLACKBIRD LEYS HEALTH CENTRE EXTENSION

facing page 52



facing page 53 12 SEATER AMBULANCE WITH WHEEL CHAIR HYDRAULIC LIFT

3. Central Health Centre

This project requested six years ago by several practices with surgery premises in the central area of the City is still held up pending a final decision on the Central Area Development Plan. There has, however, been some further discussion about a possible suitable site. It is considered that the Greyfriars site might be convenient for this purpose when the Health Department moves to newly-constructed office accommodation as part of the Bridewell Square redevelopment scheme.

4. North Oxford Health Centre

No existing building suitable for conversion has been found and a decision concerning a suitable site on which to build a Health Centre has been delayed pending consideration of a planning scheme for the Summertown area. It is most regrettable that no progress has been possible with regard to the provision of a Health Centre to serve either the North Oxford or Central areas of the City.

5. Minchery Farm Estate General Practitioner Surgery Premises

These rather unique premises built as a branch surgery by the Housing Committee on the Minchery Farm Estate (population 2,000 approx.) have now been in use for eight years. They have continued to serve a useful purpose. Four general practitioners (from three partnerships) undertook between them five sessions per week, but as from the end of the year one of the doctors gave up one session. In addition, the Oxfordshire Probation Service use the premises on one evening per week.

6. General Practitioner Surgery Facilities at the Northway and South Oxford Clinic Premises

The scheme by which general practitioners could hire the Northway Clinic for surgery purposes commenced in June, 1955. In recent years, the Clinic has been used most successfully by two practices for a total of four sessions a week.

Towards the end of the year, a request was received from a general practitioner for the use of the South Oxford Clinic premises for two surgery sessions per week, and this will commence on the 4th January, 1966. The request arose as a result of the enlarged and improved facilities at these premises, and the doctor concerned has for many years been responsible for the weekly child welfare clinic now held in the same building.

(c) AMBULANCE SERVICE (Mr. Annely)

1. Administration

There was no change in the establishment of the headquarters staff. Mr. C. H. Groves the Deputy Ambulance Controller retired early in the

year and was succeeded by Mr. W. F. Allen the Senior Clerical Assistant. Mr. Groves had been Deputy Ambulance Controller since the inception of the Ambulance Service in 1946, and prior to this was at one time the sole ambulance driver of the St. John Ambulance Brigade when a voluntary service was in operation in the City.

The number of patients carried during the year again showed an increase from 77,675 to 86,864, and the mileage also increased from 320,795 to 330,608. The increases are entirely due to outpatient and day hospital attendances. Whereas the number of patients carried has doubled in the last fifteen years the total mileage has increased by only 3%.

Table 1 shows the work carried out during the year, whilst Table 2 shows the number of patients carried since 1951.

2. Vehicles

Due to the increased number of patients attending the day hospitals and outpatient departments, it was necessary early in the year to review the transport requirements at Cowley Road Hospital. It was decided that three 12-seater ambulances with hydraulic lift (to take wheel-chair patients) and one standard ambulance would be required for the immediate future. This would enable each vehicle to bring in patients from a particular area and so speed up the present method of collection. Two of the 12-seater vehicles were in commission by the end of the year. The replacement vehicles due during the year were delayed, priority being given to the 12-seater type vehicles, but it is hoped the whole programme will be completed early next year.

3. Radio Control of Ambulances

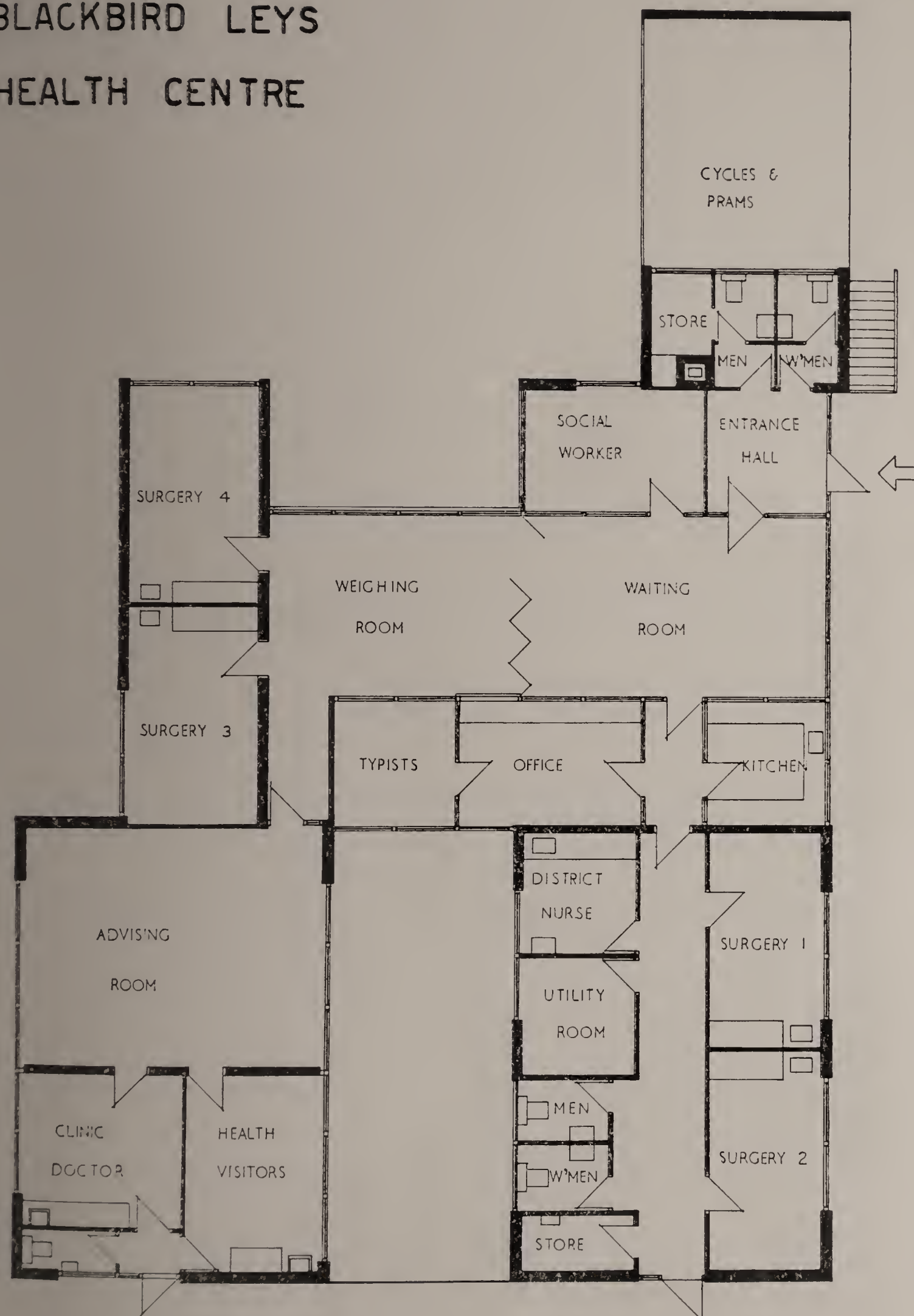
Due to technical difficulties very little progress was made towards extending the Radcliffe Infirmary Radio Link to neighbouring authorities. However, towards the latter end of the year these were overcome and it is hoped that the scheme will be completed early in 1966.

The existing Radcliffe Infirmary Link (Landline to Radio) has continued in use during the year, and a total of 65 calls (direct and indirect) were made.

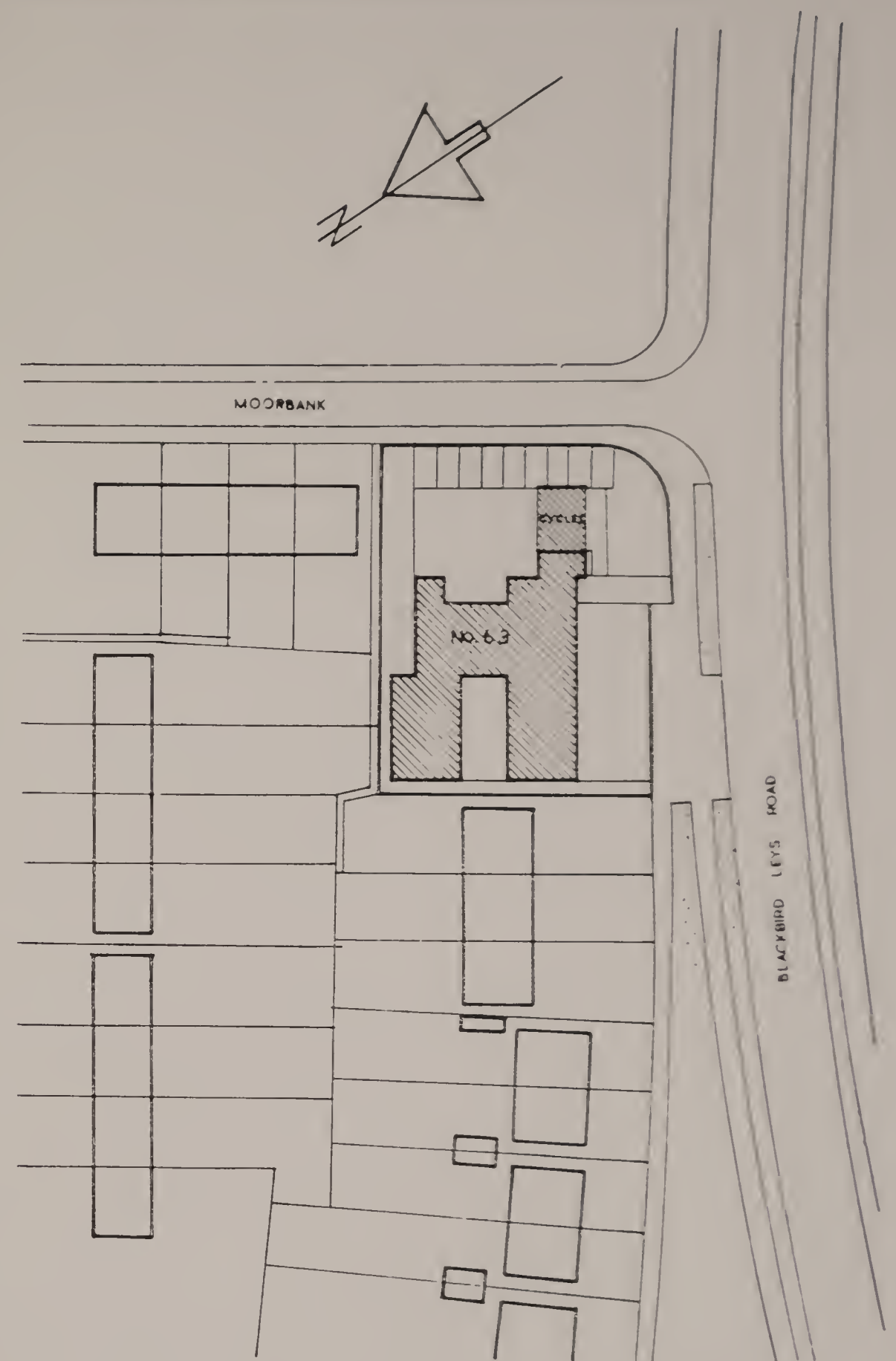
4. Emergency Journeys

Details of emergency journeys undertaken are as follows:—

BLACKBIRD LEYS HEALTH CENTRE



GENERAL PLAN. SCALE - 8' TO 1"



BLOCK PLAN. SCALE - 1:500

D. MURRAY, Dip. T.P., A.R.B.A., A.M.T.P.I.
CITY ARCHITECT & PLANNING OFFICER
TOWN HALL OXFORD

	1965	1964	1963
(a) Central	515	506	429
(b) North of St. Giles	347	319	262
(c) South of Folly Bridge	131	123	87
(d) West of Station ..	110	119	115
(e) East of Magdalen Bridge	1,699 (60.6%)	1,769 (62.4%)	1,346 (60%)
	<hr/>	<hr/>	<hr/>
Total ..	2,802	2,836	2,239
	<hr/>	<hr/>	<hr/>

5. General

The service has continued to run smoothly during the year, although at times it was difficult to satisfy the requirements of Cowley Road Hospital.

The detailed recommendations of the O. and M. Report approved by the Health Committee last year were implemented from 1st April.

Plans for the extension of the ambulance garage and the administrative block have been approved. The extended garage will accommodate 64 vehicles compared with 48 at present. Apart from the ambulance and Blood Transfusion Service vehicles, a few Health Department and Civil Defence vehicles will also be accommodated. The administrative block extension will include an office for the Civil Defence Ambulance and First Aid Instructor, and a store for Civil Defence equipment.

In July, the St. John's Ambulance Brigade indicated that it wished to give notice terminating the agreement as agents for the Joint Ambulance Service for Oxford City and County. This notice was accepted with regret, although it was realized by all concerned that the service had now grown to such an extent that direct Local Authority control was desirable. It was agreed that the St. John's Ambulance Brigade should continue until the end of March, 1966, when a newly constituted Joint Committee of City and County would take over responsibility for the ambulance service.

On the 1st April it was necessary to increase the mileage charge to other Local Authorities for the use of ambulances from 5/- to 5/6 a mile.

The emergency oxygen service continued to serve a useful need.

6. Civil Defence

The Ambulance and First Aid Section of the Corps has continued its training activities during the year, and has taken part in various exercises organised by the Civil Defence Officer.

The newly appointed Ambulance and First Aid Instructor will be of the greatest assistance to the Ambulance Controller.

TABLE I

	AMBULANCES		SITTING-CASE VEHICLES		TOTALS		TRAIN JOURNEYS	
	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	
1965								
January—March ..	7,167	29,620	13,666	48,121	20,833	77,741	44	
April—June ..	5,420	27,865	16,529	56,212	21,949	84,077	58	
July—September ..	5,748	29,613	16,425	55,222	22,173	84,835	37	
October—December ..	5,646	31,142	16,263	52,813	21,909	83,955	51	
	23,981	118,240	62,883	212,368	86,864	330,608	190	

TABLE 2

Year	Patients	Mileage	Train Journeys
1951	41,549	319,877½	217
1952	44,494	317,268½	230
1953	45,883	297,317	246
1954	47,774	282,380	248
1955	49,238	292,838	229
1956	52,900	301,497	234
			(rail strike in June)
1957	53,955	293,362	202
1958	57,769	275,918	193
1959	56,893	269,923	197
1960	62,868	281,553	186
1961	70,928	311,303	160
1962	70,598	302,852	176
1963	74,473	300,613	188
1964	77,675	320,795	201
1965	86,864	330,608	190

(d) HEALTH VISITING

(Dr. Hall)

1. Staff

Full establishment of health visitors has been maintained throughout the year. Half of the members of the staff have now been in Oxford for six years or more. This promotes stability and continuity which are vital components of a health visiting service. Regular meetings of the health visitors are held at which various aspects of the activities of the department and future policies are discussed.

The Superintendent Nursing Officer serves on the Nursing Education Sub-Committee of the United Oxford Hospitals School of Nursing. This provides an opportunity for the hospital and local authority nursing staffs to gain a wider knowledge of professional developments.

One health visitor (Miss K. J. Hayes) serves on a sub-committee of a Standing Medical Advisory Committee on the medical functions and medical staffing of child welfare clinics.

2. Home visits by health visitors during the year

The following table shows the visits made during the year:—

To expectant mothers	1,753
To children born in 1965	8,970
To children born in 1964	7,596
To children born in 1960—1962	15,479
To persons aged 65 years or over	5,421
To mentally disordered persons	675
To persons discharged from hospital (other than mental hospitals or maternity homes)	281
To tuberculous households	78
To households visited on account of other infectious diseases	497
	<hr/>
	40,750
	<hr/>

Comments on these figures

(i) All the visits recorded were “effective” visits.

(ii) Visits to expectant mothers are mainly to hospital booked mothers. The number of hospital deliveries of City mothers was 1,272, so that 1,753 visits represents a fair coverage.

(iii) There was a substantial increase in the number of visits paid to children under the age of five years—32,045 compared with 28,447 in 1964.

(iv) Persons aged 65 years or over (1,038) were visited by health visitors on 5,421 occasions during the year. The increase is in a large part a fortunate consequence of the increasingly close links between health

visitors and family doctors in the City. Much valuable work is done in safeguarding the health and welfare of the elderly.

(v) A greater number of visits were undertaken to mentally disordered persons. This is regarded as an indication of the increasingly important role of the family doctor in the care of such patients.

(vi) Support is also of much value following discharge from hospital. This work necessitates the closest co-operation with the various relevant sections of the health department and the hospital staff as well as the family doctors. It is pleasing to be able to record the excellent relations which are enjoyed by the interested parties.

(vii) Comments on the work of the two health visitors who are attached part-time to the Chest Clinic will be found in the Infectious Diseases section of this report.

(viii) The health visitors have taken part in two national surveys and have also made home visits regarding general family problems, recuperative holidays and the registration and supervision of child minders, play groups and private day nurseries. There has in fact been increased visiting to all ages, which has resulted partly from the provision of part-time nursing help in the school health service and partly from the effective co-operation between health visitors and family doctors. This co-operation increases with the length of time the attachment scheme has operated.

3. General practitioner-health visitor attachment

The complete scheme has now been functioning for two years and grows from strength to strength. This sensible method of working becomes increasingly popular with both doctors and health visitors.

Representatives from other areas continue to visit the department and have included staff from Coventry, Toronto, Wallington and Warrington. Talks were also given on this subject by various members of the health department staff in London, Bristol, Belfast and Reading.

4. Liaison with hospitals

There is frequent contact between hospitals and health visitors. Different health visitors regularly attend the paediatric, asthma and diabetic clinics, and two rounds of the maternity wards each week, plus a monthly session at Littlemore Hospital. This close liaison is of great importance to the total care of the patients.

5. Work at child welfare clinics

One or more health visitors were present at all the 1,544 child welfare clinic sessions, including the 565 sessions restricted to practice patients.

6. Teaching and Health Education

The health visitors have continued to take part in the professional teaching undertaken by the health department.

A group of health visitors received instructions in the early part of the year in 06 m.m. projection. As a result, a greater number of film shows have been given—91 compared with 55 last year.

Films on child health and development were shown at several child welfare clinics during the Autumn months. It is planned to return next Autumn to those clinics where development into regular discussion groups as a result of the films seemed most likely.

7. Refresher Courses

Three health visitors attended refresher courses during the year. This included two who attended a course for field work instructors under the new health visitor training syllabus.

8. Health Visitor Training

The Health Visitors' Training School was transferred to the College of Technology in September, to be administered by the City Education Department, under the general supervision of the Central Council for the training of Health Visitors. Five students were sponsored by the City, for the course commencing in September whilst the five students of the previous year were all successful in gaining their certificates in April and are now working in the department.

(e) DISTRICT NURSING

(Dr. Hall)

1. Administration of the service

The attachment of district nurses to general practitioners was completed in March. This has been greatly appreciated by both doctors and nurses, since both they and the patient can benefit from a close working relationship which facilitates discussion of the patient's progress and further treatment. The nurses have found increased interest in their work as a result of this method of working.

Arrangements have also been made, wherever possible, for the nurses to treat ambulant patients at the surgeries. Regular sessions are held by the nurses at two surgeries and at Blackbird Leys Health Centre. An analysis of the work undertaken by the nurses at these sessions is shown in the following tables.

Classification of Patients

	Number of cases				Number of visits			
	Under 5 years	5-64 years	Over 65 years	Total cases	Under 5 years	5-64 years	Over 65 years	Total visits
<i>Blackbird Leys Health Centre Commenced 1960. Daily 4 p.m.</i>								
Medical	51	73	2	126	96	205	8	309
Surgical	18	76	3	97	29	146	13	188
Tuberculosis	—	1	—	1	—	9	—	9
Maternal complications	—	7	—	7	—	38	—	38
	69	157	5	231	125	398	21	544
<i>Manor Road Surgery Commenced November 1964 Daily 4.30 p.m.</i>								
Medical	1	27	9	37	1	90	68	159
Surgical	4	35	—	39	4	102	—	106
Tuberculosis	—	5	—	5	—	95	—	95
	5	67	9	81	5	287	68	360
<i>Surgery, 12 Old High Street, Headington Commenced February, 1965 Monday and Wednesday at 5.45 p.m.</i>								
Medical	3	223	14	240	5	295	29	329
Surgical	—	16	1	17	—	25	1	26
Maternal complications	—	2	—	2	—	3	—	3
	3	241	15	259	5	323	30	358

Types of treatment given

	<i>Blackbird Leys Health Centre</i>	<i>Manor Road Surgery</i>	<i>Surgery, 12 Old High Street, Headington</i>
Streptomycin	12	93	—
Penicillin and other antibiotics	270	14	2
Iron	69	23	—
Vitamins	21	116	—
De-sensitising	—	—	39
Prophylactic inoculation	2	4	95
Dressings	194	105	26
Ear syringing	—	—	61
Cervical cytology	—	—	92
Antenatal examinations	—	—	7
Haemoglobin estimation	—	—	7
Blood pressure estimation, urinalysis and weighing	—	—	15
Miscellaneous	3	6	14
	571	361	358

The arrangement at 12 Old High Street, Headington, was a pilot scheme whereby a district nurse, working a total of five hours a week has held two evening surgeries a week. From the analysis of the work undertaken by this nurse, set out in the table above, the extent to which a suitably trained nurse can help the doctor in his surgeries can be appreciated. The nurse sees patients by appointment, while a doctor is consulting in another room and is always able to refer to him when she is doubtful about the care of any patient. Her work in the surgery saves the doctor valuable consulting time. The scheme has been most successful, not only in this economy but also in its provision of interesting work for a qualified nurse who, with her present family commitments, would otherwise be unable to use her qualifications.

A district nurse has continued to attend regularly at Cowley Road Hospital. This contact with ward sisters and medical-social workers is valuable in ensuring a continuity of care after these geriatric patients are discharged.

2. Staff

On December 31st, the position was as follows:—

Administrative:

Superintendent Nursing Officer	..	1	(jointly with health visitors)
Deputy Superintendent	.. ..	1	

Senior District Nurses:

Queen's nurses	3	
----------------	-------	---	--

District Nurses:

Queen's nurses—full-time	..	7	} Equivalent to 14½ full-time nurses
Queen's nurses—part-time	.. ..	4
State registered nurses—full-time	..	3	
State registered nurses—part-time		7	
Bath orderly—full-time	1	

It is pleasing to report that the service has been well staffed throughout the year. This has resulted from the recruitment of part-time married nurses whose duties are arranged to suit their domestic commitments. Several of these part-time nurses are able to help on the week-end rota and this is greatly appreciated by the full-time nurses.

The Deputy Superintendent and one district nurse, became student health visitors in September and are at present in the Health Visitors' Training School.

District nurses have demonstrated their work to medical students and student nurses. Senior nurses have taken part in the Home Help training course, and have talked on their work to various Women's groups. They have assisted, by giving instruction on simple nursing procedures, in the Duke of Edinburgh Award training scheme for girls.

Arrangements were made during the year for the nurses to attend the Radcliffe Infirmary for instruction in Emergency Resuscitation procedures.

3. Equipment

The use of disposable equipment has continued to be of value in providing increased precaution against infection as well as economy of nursing time.

4. Cases nursed during the year

The following table shows the source of new patients during the year and includes figures for the three previous years for comparison:—

	1962	1963	1964	1965
General practitioners	1,542	1,653	1,686	2,089
Hospitals	42	72	60	69
Direct application	65	67	39	26
Other sources	11	7	7	11
Totals	1,660	1,799	1,792	2,195

The number of cases nursed and visits paid in different categories and ages is shown in the following table.

Classification of patients nursed during year

	Number of cases attended				Number of visits		
	Under 5 years	5—64 years	Over 65 years	Total cases	Under 5 years	5—64 years	Over 65 years
Medical	165	842	1,012	2,019	735	12,491	24,750
Surgical	31	267	188	486	190	3,861	4,649
Tuberculosis	—	31	4	35	—	1,725	132
Maternal complications	—	24	—	24	—	319	—
Others	—	2	—	2	—	33	—
	196	1,166	1,204	2,566	925	18,429	29,531
							48,885

Patients (included in the above table) who received more than 24 visits during the year:—

<i>Patients</i>	<i>Visits</i>
446	29,543

Also included in the above table were 336 visits paid in the late evening, 322 of which were for giving sedatives and 14 for other purposes.

During the year 496 visits were made by patients to the branch homes for a variety of treatments.

Comments on these figures

There was a considerable increase in the number of cases nursed during the year—2,195 compared to 1,792 in 1964, and the total visits increased from 43,067 to 48,885. The referrals from general practitioners again increased, thus reflecting the closer and more effective working relationship between nurses and general practitioners. The increase in the numbers is also partly a reflection of the increase in staff and the more generous provision of car allowances. During any month, the number of individual patients receiving some form of nursing attention is seldom less than 600 and may be over 700.

Children under 5 years continued to provide very little work.

Visits to patients over 65 years of age accounted for 60% compared to 63% in 1964.

There was again a decrease in the number of visits paid to tuberculous patients, 1,857 compared with 2,746 last year.

5. Types of treatment given

The following table shows the treatments given during the past four years:—

	1962	1963	1964	1965
Injections—				
(1) Insulin	6,290	4,948	3,581	2,927
(2) Streptomycin	3,681	4,058	3,297	2,372
(3) Penicillin and other antibiotics ..	5,302	5,355	4,793	4,932
(4) Any other injections	6,911	8,212	9,242	10,403
Baths	5,198	5,768	4,612	5,742
Dressings	6,926	7,082	6,534	9,791
Enemas and bowel washouts	830	661	485	746
Genito-urinary treatments	435	344	473	732
General nursing care	10,113	10,708	12,371	13,128
Any other treatments	697	291	205	708
Totals	46,383	47,427	45,593	51,481

There was an increase in the total number of treatments given compared with the three previous years. The administration of injections accounted for 38% of all visits. The policy of encouraging the self-administration of insulin by patients whenever this is practicable has resulted in a further reduction in the number of insulin injections given by nurses.

From the beginning of April until the end of December an analysis was made of "other injections". They can be classified as follows:—

Iron	..	..	..	..	..	1,307
Vitamin	..	..	..	..	..	2,001
Diuretic	..	..	..	..	..	3,111
Sedatives	..	..	..	..	..	531
De-sensitising	..	..	..	..	..	104
Gland extract and hormonal	..	..	..	..	..	588
Prophylactic inoculations	..	..	..	..	..	114
						<hr/>
						7,756
						<hr/>

6. Training School

Three courses of training for the Queen's Roll were held during the year. The examination was taken by 16 students all of whom passed at the first attempt.

The students were classified as follows:—

Staff students	..	..	..	..	..	11
Independent students	..	..	..	..	..	3
*Students sent by other Local Health Authorities						2
						<hr/>
						16
						<hr/>

* Students came from Oxfordshire and Buckinghamshire.

Two of the eleven staff students were part-time married district nurses, already on the staff. Arrangements were made for them to take the course on a part-time basis throughout two training sessions. This method of training was greatly appreciated by the nurses and has increased their value to the service.

7. Loan of nursing equipment: co-operation with the British Red Cross Society

We are once again indebted to the British Red Cross Society for their ready co-operation in supplying nursing equipment to patients.

In the financial year 1965/66 the City Council paid the Society a grant of £300.

Details of the equipment loaned in the City during 1965 are as follows:—

Air beds	3	Infra red lamps	2
Air rings	69	Mattresses (dunlopillo) ..	2
Bed blocks .. (sets)	7	Oxygen cylinder	1
Bed cradles	38	Ripple beds	1
Bed hoists	9	Rubber sheets	117
Bed pans	190	Sanitary chairs	2
Bed pans (rubber) ..	12	Scales	4
Bed rests	95	Sorbo rings	18
Bed tables	9	Stair chairs	3
Book rests	2	Urinals	75
Commodes (chair) ..	171	Walking aids	14
Commodes (stool) ..	61	Walking sticks	9
Crutches (pairs)	21	Wheelchairs	195
Electric bells	4		
Feeding cups	11		1,161
Fracture boards .. (sets)	6		
Hospital beds	10		

The use of air rings, bed cradles and bed pans decreased and the use of wheelchairs and chair commodes increased. This is a reflection of the increasing trend towards early ambulation of patients.

(f) HOME HELP SERVICE

(Dr. Hall)

1. Cases helped

(a) Classification of cases helped in the last three years:—

	1963	1964	1965
Maternity	102	118	112
Acute illness	88	59	75
Chronic sick	60	67	88
Mentally disordered ..	1	5	18
Other	8	56	15
All patients over 65 years	498	585	644
Totals	757	890	952

(b) Patients receiving continuous help throughout the year during the past three years:—

1963	318
1964	385
1965	425

The aged or chronic sick continues to receive the largest proportion of regular weekly help.

(c) Continuous daily help throughout the year was provided for 11 cases as compared with 11 last year and 9 in 1963.

2. Finance

Classification for payment during the last three years has been as follows:—

	1963	1964	1965
Full payment	158	238	233
Assessed for part payment	228	255	236
Free	371	397	483
Total cases helped	757	890	952

At the end of the year two cases carried forward from the previous years were receiving help at a reduced rate by Committee decision.

3. Staff

The following table shows the home help staff employed at the end of each of the last three years:—

Establishment: equivalent of 57 full time, of which up to 12 may be employed full time

	1963	1964	1965
Full time—42 hours	5	7	5
Part time—27, 24, and 20 hours	67	76	82
Part time—less than 20 hours	32	37	50
Totals	104	120	137
Equivalent to full time	48	48	59

At the end of the year, the number of home helps expressed as equivalent full time reached 59—one of the highest figures ever reached in the service. There has been a trend towards easier recruitment of staff, the majority of whom have applied rather as a result of personal recommendation than in reply to advertisements in the press. There has been no reduction, however, in the rate of turnover in staff. This makes it necessary for the organiser and her deputy to conduct considerable numbers of interviews and to make many follow-up home visits. It is, however, felt that this work is most worthwhile if thereby the strength of the service may be increased.

4. Maternity service

The scheme whereby selected helpers were engaged as occasional workers for maternity cases has continued. There were seven of those workers at the end of the year, available to be called upon at a day's notice for the maternity patients. There were 112 maternity cases helped by the service and of these, 81 were attended by the maternity home helps. The largest number of cases attended by any individual maternity home help was 19.

This scheme, started in September, 1964, has confirmed its initial value in preventing the disruption of the routine programme by the advent of urgent maternity work.

5. Training of home helps

A course of twelve lectures and demonstrations for home helps recruited to the service in the past twelve months was started in February. These lectures were held during working hours and were attended by an average of 34 home helps. The course included talks on the various local health authority services, care of the elderly and infirm, housekeeping and budgeting, and demonstrations of gas and electrical appliances. A similar course is planned for newcomers to the service in 1966 and further plans for following up these initial series of lectures are being made.

6. Review of assessment scale

The assessment scale for the home help service was reviewed during the year and an amended scale was approved by the City Council. This new scale provides for a small increase in the hourly rate but gives relief to householders with high rent, rates and mortgage repayments. A revised assessment form was also introduced so as to facilitate the application of the assessment scale which will take effect from January 3rd, 1966.

(g) RECUPERATIVE HOLIDAYS

(Dr. Hall)

During the year recuperative holidays were arranged for 17 persons (26 in 1964), 2 of whom were over 65 years of age.

All applicants were satisfactorily accommodated and no difficulty was experienced in booking accommodation at seaside homes during the summer months.

The sources of recommendation for holidays were as follows:—

(a) General practitioners	12
(b) Hospitals	5

Applicants were assessed to pay as follows:—

Persons making payment in full	2
Persons making part payment	7
Persons making no payment	8

The cost to the City Council was £123 15s. 10d. plus travelling expenses for 11 persons.

Applicants were received at the following Homes:—

	<i>Male</i>	<i>Female</i>	<i>Children</i>
Bell Memorial Home, Lancing	—	4	—
Church Army Home, Bexhill-on-Sea	—	1	2
Fennell, Broadstairs	—	1	—
Green Gap, Dorset	—	1	1
Holly Lodge, Suffolk	—	1	—
Petworth House, Margate	—	1	—
St. John's Convalescent Home, Weston Favell	—	5	—
	—	14	3

(h) INCONTINENCE PADS

(Dr. Hall)

The provision of incontinence pads has continued, 4,500 being distributed, mainly through the district nursing service. A small stock of pads is maintained for distribution to patients who are not attended by the district nursing service, and five persons were helped in this way. 648 incontinence pads were also provided in the Old People's Homes by the Welfare section of the Health Department, but their use was discontinued in October since they were found to be of little help with the severely incontinent patients.

A trial of smaller incontinence pads was conducted by the district nursing service at the end of the year. These were distributed to patients who were able to sit out of bed. A preliminary evaluation of these pads has been unfavourable. They were felt to be too small for the purpose.

The pads used in the Old People's Homes were placed in disposable bags and burnt in an incinerator. Those issued through the district nursing service were disposed of by the patients themselves or by those caring for them. They were advised to wrap the pads firmly in newspaper and then burn them. If this were impossible, polythene bags were provided for the wrapped pads which were then placed in the dust-bin. A local branch of a large store kindly provided a free supply of suitable polythene bags.

(i) CERVICAL CYTOLOGY

(Dr. Hall)

The approval of the City Council and the Ministry of Health to a comprehensive scheme for cervical cytology screening was followed by the setting up of clinics for this purpose. The first clinic was held at the end of March. Three clinics were held each week by women doctors on

the staff of the health department. Arrangements were also made for sessions to be held by any general practitioners who wished to undertake this work for their own patients. The clerical work for these sessions was the responsibility of the health department staff and, where necessary, one of the health visitors attached to the practice attended the sessions.

Facilities for this examination, which detects a pre-cancerous condition of the cervix, are available for any woman resident in the City or the immediately adjoining areas of Oxfordshire and Berkshire. Application cards are obtained at libraries, the information centre, child welfare clinics, doctors' surgeries and the health department. The average length of time between the day on which the card is received and the date of appointment for examination has been about two weeks. This has been made possible by the number of general practitioners willing to undertake the work and by arranging for extra clinics to be taken by local authority medical staff as occasion demands. A part-time nurse helps at these clinics so that the full-time staff of the department are not required to devote time to this.

The cervical smears are examined by cytologists at the Churchill Hospital. All reports are sent to the health department and general practitioners are notified monthly of negative smears. In the event of a positive smear, the patient's general practitioner is notified immediately. Patients receive notification of negative reports if they leave a stamped addressed envelope at the time of examination. They are contacted personally by either their doctor or health visitor if the smear is positive and appropriate investigation and treatment are arranged by the family doctors.

Since the commencement of the scheme the following numbers have been dealt with:—

Request cards received	..	..	..	1,610
Number of patients examined	..	..	..	1,370
Persistent non-attenders	..	..	..	27
Patients unable to be examined	..	..	..	35
Number of sessions held—				
(i) Local authority staff	..	..	..	222
(ii) General practitioners	..	..	..	86

The age of the women examined during the year and the number of children they have had is shown in the following table:—

Age (years)	Number of children										Total
	0	1	2	3	4	5	6	7	8	Not stated	
25 and under	23	40	36	10	7	1	—	—	—	2	119
26—29	21	37	81	27	9	7	—	—	—	1	183
30—34	7	26	95	61	25	7	4	2	—	2	229
35—39	17	43	96	62	17	10	3	—	1	—	249
40—44	24	48	86	49	24	6	3	1	2	3	246
45—49	13	24	51	27	15	2	3	2	1	1	139
50—54	11	20	33	12	7	1	2	1	—	5	92
55—59	3	15	12	10	3	—	1	—	—	—	44
60 +	3	5	8	1	2	1	1	1	—	—	22
Not stated	3	9	17	7	4	1	1	1	—	4	47
	125	267	515	266	113	36	18	8	4	18	1,370

Seventy-five per cent of the patients examined were under the age of 45, and in fact 40% were under 35 years old.

The following results were obtained:—

Negative smears 1,356

Suspicious or doubtful smears confirmed by
biopsy 8

Suspicious smears not confirmed by—

(i) repeat smear —

(ii) biopsy 1

Doubtful smears not confirmed by—

(i) repeat smear 2

(ii) biopsy —

Suspicious smears awaiting further investigation 2

Doubtful smear—follow-up impossible .. 1

The age and parity of the eight patients with confirmed carcinoma in situ were as follows:—

Age	Parity						Total
	0	1	2	3	4	5	
20—24	—	—	—	—	1	—	1
25—39	—	—	—	—	—	—	—
30—34	—	—	—	—	—	—	—
35—39	—	1	—	—	—	—	1
40—44	—	—	3	—	1	—	4
45—49	—	—	—	1	—	—	1
50 +	—	—	—	—	—	1	1
	—	1	3	1	2	1	8

The incidence of confirmed carcinoma in situ was, therefore, 8 per 1,370 patients examined, or 5.8 per thousand in the first nine months of the screening programme. Attendance at cytology clinics has been of added value in that it enables many women to obtain advice on other gynaecological problems. The examination may bring to light conditions, other than carcinoma in situ, which require treatment.

Analysis of social class distribution of the patients examined has not been possible, since details of husband's occupation were not included in the records. It is intended to include this information when the cards are reprinted. The impression has been that the majority of women requesting cervical smears are from social classes 1 and 2.

A standard record card for cervical smear reports is used throughout the Hospital Board region. The statistical unit of the Regional Hospital Board receives from the laboratory a copy of the cytology report. This centralisation and standardisation of records is of value in facilitating research and also in arranging the five yearly recall of patients for repeat examination.

At the commencement of the screening programme advertising was kept to a minimum so that administrative and clerical procedure might be established on smooth-running lines. Later in the year publicity was given to the scheme. Posters and leaflets were distributed, talks were given to interested groups and films were shown by the Cancer Information Association. Some of the larger factories co-operated in the distribution of leaflets. An informative article was written for the woman's page of the local newspaper, which greatly helped publicity. A pilot scheme was undertaken whereby women patients from two of the general practitioners in the City were informed by letter of the facilities for a cervical smear examination. They were invited to complete an application card which was enclosed with the letter. The best method of advertisement at present however, appears to be the personal recommendation of someone who has already had the examination. The individual approach to patients by health visitors has also the greatest value in encouraging women to attend cytology clinics.

(j) HEALTH EDUCATION

Smoking and health

Our efforts have been maintained in this most important field of preventive medicine. As the years go by it is easy to become discouraged by the apparent lack of success in achieving any significant reduction in the number of cigarettes smoked. It is, however, more realistic to appreciate that we are still in the very early stages of a long-term project which has as its aim not only the education of the public to the dangers involved but the alteration of a deeply ingrained social habit.

Our anti-smoking propaganda has been spread over a wide field, but particular attention has again been given to young people and school children. At school medical inspections doctors and health visitors have pointed out the objections to smoking and the benefits to be gained from stopping. Talks, discussions and films have been used on behalf of school children, expectant mothers and mothers' clubs. Every maintained secondary and junior school, together with colleges of further education, was circulated with Ministry of Health posters and leaflets. These are also displayed at clinic premises, and are available to general practitioners for use in their surgeries. During the year as part of the Ministry of Health campaign, posters were also distributed to factories, industrial concerns, local government departments, canteens, etc. A number of the University colleges and commercial firms have also at their request been supplied with anti-smoking propaganda.

Parentcraft Classes.

The teaching and instruction of expectant parents is one of the most rewarding forms of health education as the expectant mothers and frequently fathers also, are genuinely interested in the subject and anxious to prepare for the arrival of their baby.

Even today it is surprising to find the large number of misconceptions and "old wives' tales" that still surround the subject of pregnancy and childbirth. The parentcraft classes by means of talks, discussions, films and booklets help to dispel any irrational fears about the coming event and prepare mothers so that they can co-operate fully during the birth of their child and subsequently care for it with confidence and skill. One of the most popular forms of instruction has been the film "To Janet A Son" which has been shown on 16 occasions.

			Number Registered		Total Attendances	
			1965	1964	1965	1964
Donnington	..	..	34	56	108	244
Summertown	..	..	45	17	177	72
Bury Knowle	..	..	50	44	163	228
			<u>129</u>	<u>117</u>	<u>448</u>	<u>544</u>

The classes conducted by two partnerships of general practitioners and their attached health visitors and midwives have continued throughout the year; there were 246 attendances by mothers and fathers compared with 326 last year.

General Health Education.

The work of the Health Department is largely preventive and it is therefore natural that much of the effort of members of the department

should be directed towards helping, informing and instructing the public on how to lead healthier and happier lives. Much ill health and suffering could be prevented by taking a number of straightforward precautions during the course of everyday life. For instance, accidents comprise one of the modern epidemics and many lives could be saved and suffering prevented if adequate precautions were taken in our homes, and work places, and when travelling. Also cancer deaths could be reduced if the public were aware of the early symptoms and signs of the disease and thereby sought medical advice at a stage when cure is possible. These two examples illustrate the scope of health education and the challenge that it presents.

The child welfare clinics provide advice on numerous topics; publicity material in the form of leaflets and posters is always available. During the year a portable display unit was purchased to facilitate the mounting of displays on various topics in the clinics. The first such display was held at Northway Clinic and featured the subject "Accidents in the Home".

The introduction of the cervical cytology service was accompanied by publicity methods which are more fully outlined in the section dealing with this topic. Information on other forms of cancer has been given by means of leaflets and films. One of the most successful films was on the early detection of breast cancer and this was shown with great effect to mothers' and wives' groups in conjunction with the Cancer Information Association.

Films have proved to be a very popular form of instruction and the film projector belonging to the department has been in almost constant use throughout the year; in all 91 film shows were given, for which 30 separate films were borrowed or rented from various sources.

Publicity concerning the possible dangers from fireworks has now become a regular feature in the weeks prior to the 5th November. Posters and leaflets were distributed to schools, youth clubs and libraries and the now familiar departmental slide urging parents to supervise their children's fireworks was shown on cinema screens.

On the subject of venereal disease much advice is given individually to teenagers and other young people. The British Medical Association booklet "V.D. . . . The Facts" has proved particularly valuable as a source of information and has been widely distributed. Close co-operations exists between the medical social worker attached to the Venereal Diseases Clinic and the health visitors, one of whom collaborates in contact tracing and other preventive measures.

In March a new Information Centre opened at Carfax, and both the Welfare and Public Health Inspector's sections took advantage of this opportunity for displays of health education material. Various topics such as food hygiene, smoke control, aids for the handicapped, and Old People's Homes were used as subjects for short displays which attracted a lot of interest from the public. As many as 800 persons a week visit

the centre, so that the assistance given in mounting displays was most welcome as a means of spreading health education.

In 1963 a Teacher/Adviser for Health Education was appointed in the schools. This scheme proved so successful that the year's trial was extended, at first on a full-time but later on a part-time basis. Unfortunately Dr. Julia Dawkins will be unable to continue her part-time work beyond March of next year.

It was therefore agreed that a full-time post of adviser in Health Education should be established to continue and extend the scope of this work, both in the schools and outside them; the post being shared equally between the Education and Health Departments. It is hoped not only to consolidate and extend the field of health education in the schools, but to encourage and initiate new developments and ideas amongst such groups as youth leaders, club and industrial organisations and parent-teacher associations. There is a very real need for an expert with a foot in both the education and public health camps, to guide and encourage and co-ordinate the many willing workers in this field.

(k) NURSING HOMES

(Dr. Tilley)

The Register

At 31st December, 1965, the Homes on the Register were as follows:—

<i>Home</i>	<i>Number of Beds</i>	<i>General Purpose</i>	<i>Year of Registration</i>
Acland 23/25 Banbury Road	30	Acute medical and surgical cases	Re-registered November 1962, under the Management of the Nuffield Nursing Homes Trust
Hurdis House, Cowley Road Hospital, Cowley Road	40	Convalescent elderly patients. Admission only from Cowley Road Hospital. Local authorities accept financial responsibility for some residents under Part III of the National Assistance Act	1965, under the National Corporation for the Care of Old People
St. John's, St. Mary's Road	63	Elderly frail and chronic sick women	1950
St. Luke's, Linton Road	33	Patients for convalescence and rehabilitation. Period of stay normally not more than 8 weeks. There is a contractual arrangement with the Regional Hospital Board.	1957

Alterations at Hurdis House were completed in time for registration in the Autumn.

Ten visits were made to the four homes during the year.

(1) DOMICILIARY OCCUPATIONAL THERAPY

(Dr. Tilley)

The section is now comfortably housed on the "stage" of the Handicapped Workshop.

The number of patients in the care of the service shows a steady increase:—

	1962	1963	1964	1965
Total on 31st December ..	117	134	160	185
New referrals	54	50	75	81
Withdrawn	19	33	49	56

In particular, more patients have been visited in connection with aids to daily living:—

	1962	1963	1964	1965
Bath seats and other aids ..	—	6	10	19
Raised toilet seats and/or handrails	—	1	5	10
Adaptations to furniture ..	—	4	15	8
Small gadgets	—	5	15	10
Advice only	—	—	4	7

The income from sales of patients' work through the Blind and Handicapped Shop showed a further increase of 14% this year:—

	1962	1963	1964	1965
Total Sales	£1,029	£1,250	£1,398	£1,608
Cash return to patients ..	£560	£600	£694	£791

In May, a new "social group" was started with the willing help of Miss MacDonald, Principal of Dorset House School of Occupational Therapy. The group meets on alternate Wednesday afternoons in a large, airy, well heated lecture room at the School, and the Domiciliary Occupational Therapists are assisted by four Dorset House students. The average attendance is 24 patients and the activities have to be suitable for persons whose handicap limits their opportunities for social intercourse, such as whist and beetle drives, debates, quizzes and a "Juke Box Jury" vote on favourite records brought by patients. A toy-making demonstration, travel talks illustrated by colour transparencies, and a programme of films loaned by the British Motor Corporation were also held. The year ended with a very successful Christmas Party which was strongly supported by the School.

Transport for the meetings of the social group is provided by the Occupational Therapists in their own cars, together with the invaluable assistance of 14 voluntary drivers, each of whom lends her car and services once in 3 months. Unfortunately a few severely handicapped patients must remain at home, for lack of special transport capable of transporting patient and wheel-chair as a unit.

The service helped a small group of handicapped people to go to a performance of *My Fair Lady* at the New Theatre.

The Annual Craft Competition, Exhibition and Garden Party was held in May, in the spacious and pleasant setting of the Freemasons' Hall, North Oxford. Gardening as a hobby for handicapped people was illustrated by an exhibition and sale of indoor plants by S. West and Sons. There was also a demonstration of gardening tools and camera equipment purchased by a patient who suffered paralysis from a stroke 7 years ago.

Oxford usually provides on-the-spot opportunities for post-training education, and this year the Occupational Therapists attended "open" lectures at a residential course organised by the Association of Occupational Therapists. In July each Occupational Therapist attended one or two different sessions of the Second European International Congress of the British Council for Rehabilitation, and as a result the department heard about recent advances in many different fields.

(m) CHIROPODY

(Dr. Tilley)

The Council's scheme provides treatment for the elderly or physically handicapped. Many of these are able to attend clinics held at the Old

People's Clubs under the auspices of the Oxford Council of Social Service. There the Local Authority has accepted responsibility for finance and medical supervision, on condition that non-members of the Clubs are not excluded. A twelfth Centre was opened during the year at Beveridge House, Wood Farm Estate. This is a block of grouped flatlets with a warden; chiropody is provided not only for residents of Beveridge House but for old people on the rest of the estate. Those unable to walk to the nearest Club are offered transport to a special clinic at either Marston Court Old People's Home or Iffley House Old People's Home (up to March, 1965, Shotover View Old People's Home). Domiciliary visits are made to house-bound persons. There is a nominal charge of 2/6 per treatment wherever this is carried out. Many very old folk live in the City's Old People's Homes and receive free chiropody from the Local Authority.

Summary of Work

<i>Place of Treatment</i>	1964			1965		
	<i>Patients</i>	<i>Treatments</i>	<i>Sessions</i>	<i>Patients</i>	<i>Treatments</i>	<i>Sessions</i>
Old People's Clubs ..	371	1,538	254	481	1,989	329
Transport Sessions ..	88	299	48	111	440	73
Patients' Own Homes	37	105	*21	48	223	*45
Old People's Homes ..	353	1,719	252	377	2,014	307
Totals	849	3,661	575	1,017	4,666	754

* A nominal figure based on 5 domiciliary treatments per 3-hour "session".

There is again a substantial increase in work under all headings. On the average, each patient received 4.6 treatments per year and the total number of persons treated—1,017—seems realistic when compared with the estimate of 4,797 City residents who in 1961 were aged 75 or over.

Mrs. A. Medinger, M.Ch.S., and her husband left Oxford in August, but fortunately the City was able to obtain the services of Mrs. M. Juniper, M.Ch.S.

(n) AID-IN-SICKNESS CHARITIES

(Dr. Tilley)

The Medical Officer of Health is represented on the Committee of the Charity, which provides aid under three main headings.

1. Domiciliary Physiotherapy Service

Home care is given to patients who are unable by reason of health

to make regular visits to hospital, and for financial or other reasons cannot employ a private physiotherapist.

One full-time physiotherapist is responsible for treatment.

Introduction is through the family doctor, by application form to the Oxford Mobile Physiotherapy Unit, c/o The Department of Physical Medicine, The Radcliffe Infirmary, Oxford, or in emergency, by telephoning the physiotherapist, Miss M. Gray, M.C.S.P., at her home, Oxford 59537.

Fewer requests than expected were received for the early treatment of such acute conditions as chest infection, "stroke illness" and low back strain.

A summary of the work undertaken in the last three years is as follows:—

	1963	1964	1965
Total treatments	1,513 (247 free)	2,006 (221 free)	1,450 (119 free)
Total patients	333 (64 free)	480 (54 free)	378 (37 free)

The unusually low figures for 1965 are related in part to the retirement of the part-time physiotherapist in May.

2. The Lying-in Charity

Urgent applications via the Supervisor of Midwives are approved by the Medical Officer of Health, who then informs the Charity. One grant was made.

3. Other Charitable Grants from General Fund

(a) *Grants in Cash or Kind* (3 cases). These apply when urgency, the nature of the illness, or other personal factors make relief by statutory bodies slow or uncertain.

(b) *Payment of Attendants* (3 cases). Twice the Charity paid for the services of a male orderly in households where a frail, elderly man would otherwise have remained in bed all day. One of these invalids was persuaded to go into hospital; the other remained at home and the Health Committee took over financial responsibility from the Charity.

A third grant enabled a "night sitter-up" to be with a sick old man who would not leave home, while the relative who usually cared for him went on convalescence after an influenzal illness.

(c) *Storage Heaters for Invalids* (3 cases). These three grants were towards an experiment in which the Southern Electricity Board co-operated. Shop-soiled heaters were installed in the hut dwellings of two families with delicate children and limited finances, and in the pre-fabricated bungalow of an elderly handicapped couple who could not cope with stove heating. The Charity was responsible for the capital outlay,

and the families, (with a discretionary grant from the National Assistance Board in one case), for the current costs. Minimum reading thermometers showed satisfactory results in the cold weather. For 10 shillings per week each household received the heat equivalent of 16 shillings worth of coal. Oxford has several charities empowered to give bags of coal to sick or needy households; in some cases the supply of a heater (which remains the property of the Charity) could be a more up-to-date form of aid.

(o) HOUSING ALLOCATIONS ON MEDICAL GROUNDS

(Dr. Tilley)

The Housing (Special Allocations) Sub-Committee meets about once a month to consider "cases where special considerations arise" due to:—

- (a) An emergency arising out of family circumstances, including financial hardship.
- (b) Health of applicant, or his family.

Up to 25 permanent dwellings and as many of the available temporary dwellings as may be necessary can be allocated each year in this way. The decision in health cases is taken after the Medical Officer of Health has reported.

In addition, some elderly folk are offered supervised flatlets in Headley House, (Headley Estate), Beveridge House (Wood Farm Estate), and Windale House (Blackbird Leys Estate). Each house has independent accommodation for 40 persons and a resident warden.

The very handicapped younger person living alone can apply for rehousing after the age of 55 and exceptionally may be offered a house before reaching 60. Up to five of the 25 permanent dwellings may be used for these "young chronic sick".

All "special allocations" are made without reference to the points situation of the applicant. In the general scheme, points are still awarded to families which contain persons on the Blind or Partially-Sighted Registers, or cases of open tuberculosis recommended by the Consultant Chest Physician. Since social as well as purely medical factors determine the need for rehousing, the initial investigation by the Health Visitor must often be amplified by information from the Chief Public Health Inspector, or from the Welfare, Mental Health or School Health Sections, or sometimes from the Children's Department. In cases of special difficulty the Senior Assistant Medical Officer visits the home of the applicant.

Where housing appears to be only one cause for children's ill-health, reference can be made to the Co-ordinating Committee, which may decide that family case-work is needed.

During the year 144 new applications were reported on, (8 other requests were for transfer from one council dwelling to another):

Application withdrawn, or applicant rehoused outside of special scheme	8
Not recommended for rehousing	56
Recommended for housing, low priority	39
Recommended for housing, intermediate priority	38
Recommended for housing, high priority	3
	— 80
	<hr/> 144 <hr/>

Those recommended for rehousing comprised 43 over retirement age, 30 of working age, and 7 children. They can be classified by illness or handicap as follows:—

Diseases of heart and lungs	27
Other visceral disease	8
Diseases of the locomotor system including myopathies ..	17
Diseases of the central nervous system including vascular accidents	9
Mental ill-health or subnormality	19
	— 80

While the “low priority” recommendation does not usually result in immediate approval for rehousing, it gives Committee notice of cases where priority may become higher, or allows alternative action, such as the purchase of the applicant’s house followed by transfer of the “tenant”.

In the housing year, which ends on 1st April, not 31st December, the Special Allocations Sub-Committee approved applications on medical grounds as follows:—

Permanent dwellings	17
Temporary dwellings	10
Old people’s flatlets (i.e. supervised accommodation)	9
	— 36

A limited number of follow-up visits have been made especially to old people’s flatlets. Here the Senior Assistant Medical Officer knows the Wardens and many of the residents as a result of arrangements for chiropody and the supply of handicapped aids. In this way it is easy for Health and Housing Departments to agree on an appropriate leavening of relatively young and fit residents, without which a heavy burden would be laid on the Wardens. Another result of this co-operation was a joint report to the City Architect, who has agreed to modify the design and equipment of future grouped flatlets, so that handicapped residents will enjoy even greater comfort and security.

SECTION IV

INFECTIOUS DISEASES

Report by Dr. R. P. RYAN,
M.B., B.S., D.P.H.
Deputy Medical Officer of Health.

(a) EPIDEMIOLOGY

Streptococcal Infections

Only 14 cases of scarlet fever were notified during the year, the lowest figure ever recorded. Only 8 cases of erysipelas were notified, one more than the very low number last year.

The notified cases were spread evenly throughout the City. The age distribution followed the usual pattern, all the patients with scarlet fever being under, and those with erysipelas over 35 years.

Whooping Cough

Only 21 cases of whooping cough were notified, the second lowest number on record. Of the 21 cases, 8 occurred in West Oxford and 8 in the Cowley and Iffley areas. All the cases were under 10 years old whilst 6 were under two when whooping cough is a potentially dangerous disease.

Poliomyelitis

No case of poliomyelitis was notified. Only one case has occurred in the City in the last seven years, and that was in 1961.

Diphtheria

No case of diphtheria was notified, the last case occurring in 1949.

Measles

The expected epidemic of measles occurred during the winter and spring; 1,285 cases were notified, 96% of them during the first six months. More than half were under 5 years old and only 3% were over 10 years of age.

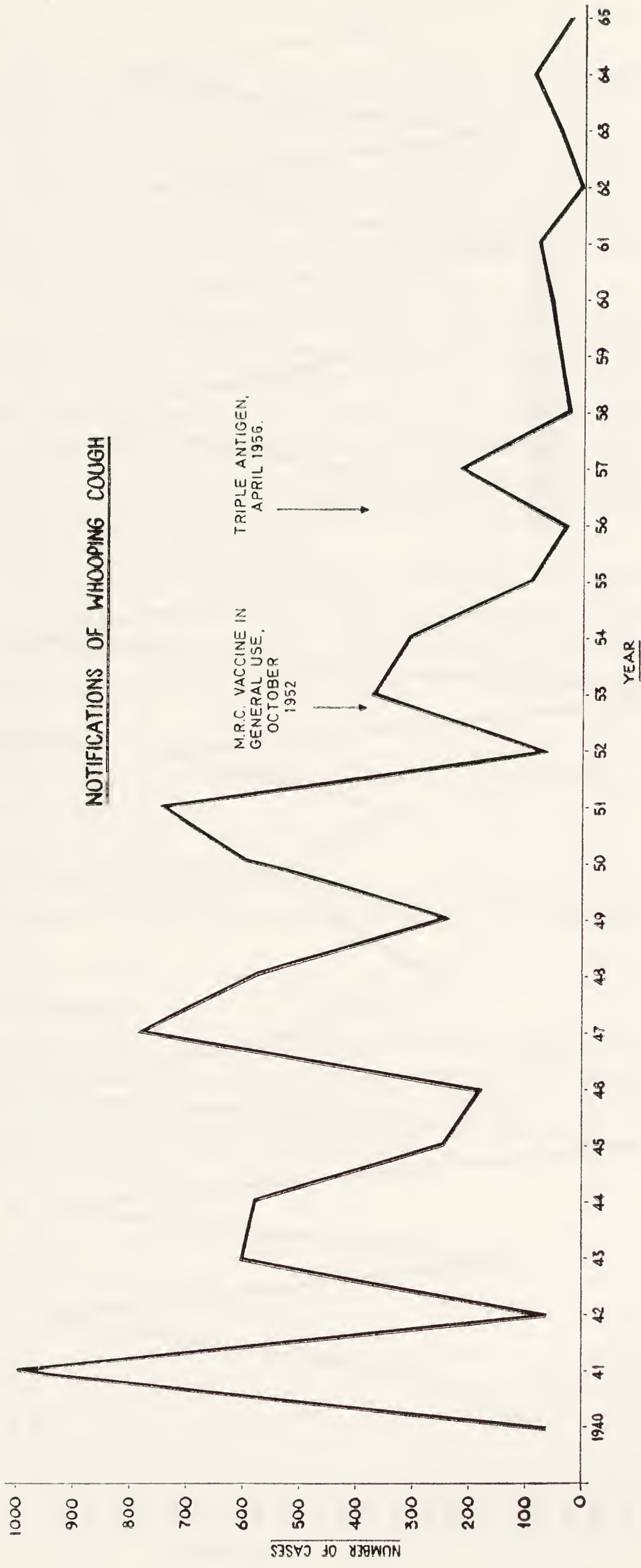
This is the last measles epidemic before effective vaccines come into general use; and the epidemiology of the disease following the widespread use of measles vaccines will be followed with great interest.

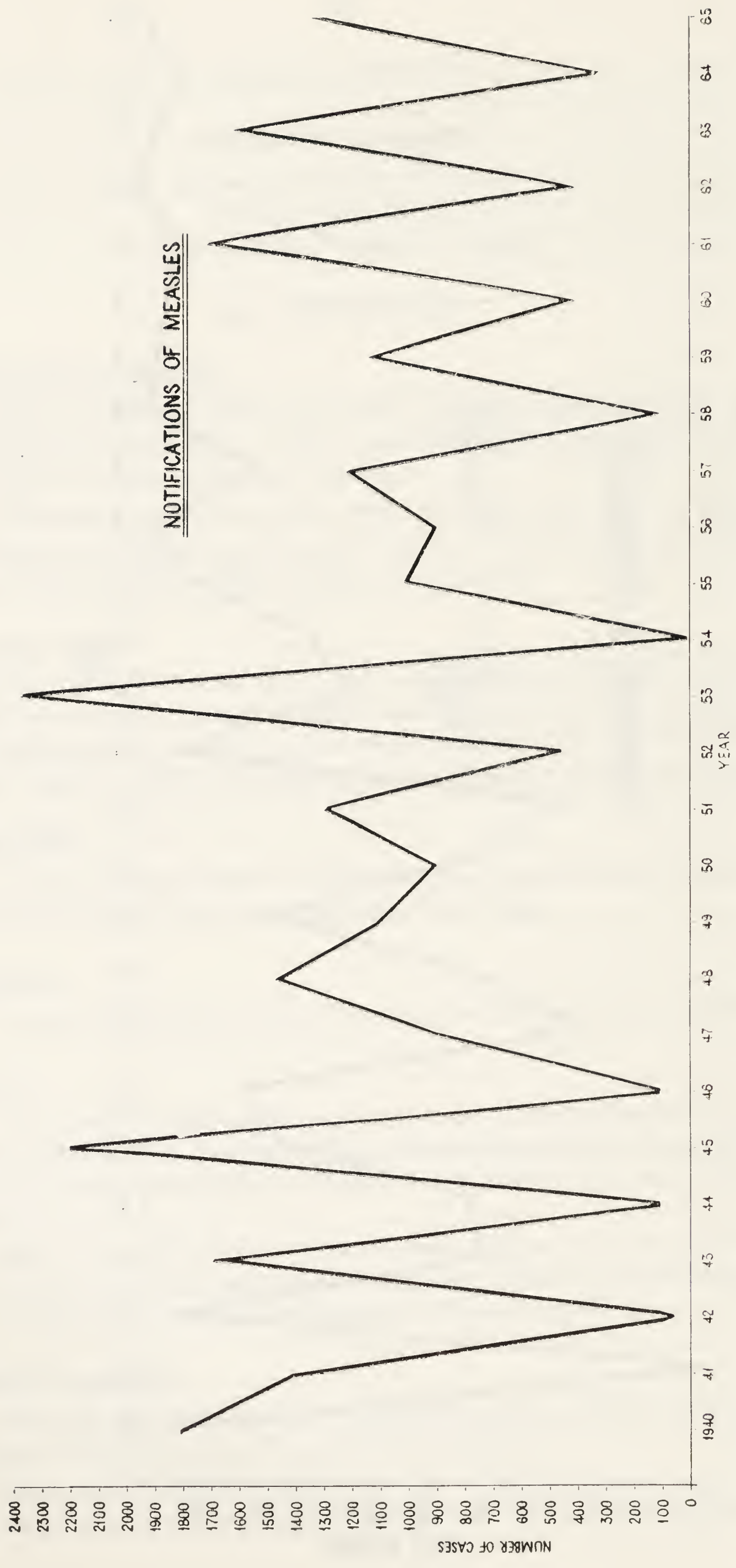
Bacillary Dysentery

Two cases of dysentery due to *Shigella flexneri* occurred in a brother and sister who had recently returned from Uganda.

There were 114 cases of dysentery due to *Shigella sonnei*; of which 107 occurred in the second half of the year and of these 59 occurred in

NOTIFICATIONS OF WHOOPING COUGH





September and October. These figures refer only to cases of dysentery which have been confirmed bacteriologically.

About half of the cases were school children; outbreaks occurring in two junior schools in September and October. Fifteen cases occurred in one school, and 13 at the other. Subsequent follow-up of family contacts revealed a further 12 cases connected with the first school and 8 with the second, a grand total of 48 proved cases.

In neither outbreak was the original source of the infection traced. The school canteen staffs were examined and found free from infection. In neither school was the outbreak explosive. The infection seemed to smoulder on, apparently from personal contact. In both schools all the pupils had to use outside lavatories and had to cross into the main school buildings to wash their hands. Paper towels were provided for the pupils in one school. At the other, roller towels were still in use, but have since been replaced by paper towels.

The remaining cases were fairly evenly distributed throughout the City. Among them were two children attending one of the City day nurseries, but prompt action at the nursery by the Matron enabled measures to be taken to prevent the spread of infection.

Encephalitis

A four-year old child suffered from acute encephalitis, following an attack of measles.

Typhoid and Paratyphoid Fevers

No cases of typhoid or paratyphoid fevers were notified during the year.

Food Poisoning

Sixty-eight cases of food poisoning occurred during the year. Fifty-eight of them occurred in four general outbreaks, 4 in a family infection and the remaining 6 were sporadic cases. Details of the organisms responsible are given in the following table:—

PARTICULARS OF OUTBREAKS

Causative agent	General outbreaks		Family outbreaks		Sporadic cases Notified or ascertained	TOTAL CASES
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained		
Salmonella—						
(a) bairdson ..	1	14	—	—	—	14
(b) enteritidis ..	—	—	—	—	2	2
(c) newport ..	—	—	—	—	1	1
(d) stanley ..	—	—	1	4	—	4
(e) takorardi ..	—	—	—	—	1	1
(f) typhi-murium ..	—	—	—	—	2	2
Cl. welchii ..	2	42	—	—	—	42
Staphylococci ..	—	—	—	—	—	—
Other causes ..	1	2	—	—	—	2
Cause unknown ..	—	—	—	—	—	—
	4	58	1	4	6	68

The two largest general outbreaks occurred at one of the colleges of the University. Towards the end of April, 28 undergraduates who had eaten dinner in Hall, suffered from profuse watery diarrhoea and colic. Investigation of the kitchen and kitchen staff revealed a low standard of personal and general hygiene. It seemed likely that the meat in most dinners at the college was cooked in the morning and re-heated in the evening. In general, the kitchen staff were unco-operative, but stool specimens were obtained from some of them. Heat resistant *Clostridium welchii* were grown from two specimens. The food responsible was not definitely identified but the character of the outbreak was that usually found with *Clostridium welchii*.

At the beginning of June another outbreak occurred with symptoms of a similar character. Fourteen persons were affected on this occasion. The food which was contaminated was believed to be a chicken vol-au-vent filling prepared by a member of the staff who was later shown to be a carrier of heat resistant *Clostridium welchii*.

Recurrent outbreaks of food poisoning appeared to be an accepted part of the life of this college. Opinion varied as to their frequency, but it seemed reasonably certain that two large outbreaks had occurred in the recent past, which had not been reported to the health department; one in October, 1964, affecting some 80—100 persons, and another at the end of February, 1965, affecting 40—50 persons.

The college kitchens were visited by public health inspectors and much advice on hygiene was given. Suggestions for re-equipment and modernisation of the kitchen are being put into effect in 1966. It was said to be difficult to recruit satisfactory staff for work in the kitchen.

The third general outbreak was in another college. Here 9 undergraduates and 5 members of the college staff fell ill after consuming ice-cream and fruit salad. In most cases the illness was mild but one patient had to be admitted to hospital. The organism responsible was *Salmonella baidon*. Two symptomless carriers of this organism were found among the kitchen staff and it was felt that if the standards of hygiene in the kitchen had not been so high, more frequent or serious outbreaks could have occurred.

The fourth general outbreak consisted of two persons who became ill while dining at a restaurant. The incident was attributed to mushroom poisoning, but this diagnosis was not definitely confirmed.

The family outbreak of 4 cases occurred immediately following the return of the family concerned from a visit to relatives in Monmouthshire, and it is likely that the infection was picked up there. The relations had also been ill. Three children aged 1, 3 and 4 years, and their father had a sharp febrile illness with diarrhoea and vomiting. *Salmonella stanley* was grown from the stools of one of the children.

Incident at a Warehouse

One evening in October a report was made to the Medical Officer of Health by the Radcliffe Infirmary that 10 workers from a warehouse had attended the Casualty Department. Three of the 10 had been admitted for observation. Symptoms, which had begun on the day before their admission, were skin irritation and rash, dryness of the mouth and nausea. Some of the workers also complained of abdominal and chest pain.

Interviews were held with the 10 affected patients and it appeared that all but one of them had eaten cream cakes bought at a local shop. This shop and the factory producing the cakes were investigated, but no causative factors were discovered. The affected employees and their families were followed up over the next three weeks. Two of the women developed symptoms of gastro-enteritis three days after the initial episode but there was no recurrence of the rash. Throat swabs and specimens of blood and faeces were taken for virology studies from the three in-patients and from the two women who developed symptoms subsequently. All these proved negative.

The environment of the warehouse was investigated jointly by the public health inspectors of the City and Abingdon Rural District Council, in whose area the warehouse is situated. The air heating system was defective and was emitting fumes produced by a leak of combustion gases from a broken cover plate on top of the heater. It is possible that this emission might have caused the symptoms. The heating system was repaired. It was also found that a dust-laying sand was used for floor cleaning. This contained 230 parts per million of formaldehyde and 20 parts per million of cresol. It was quite possible for some of this substance to be sucked into the air heating system and subsequently blown out into the atmosphere.

A definite conclusion was not possible as a result of the enquiries. Circumstances, however, seemed to indicate that the floor cleaner and the defective air heater were the most likely causes of the outbreak. Formaldehyde and cresol are both known to be capable of acting as skin irritants. No further outbreaks were recorded after the use of the floor cleaner was discontinued and the heater repaired.

NOTIFIABLE INFECTIOUS DISEASES SINCE 1946

[illegible]

AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1965

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT													TOTAL NUMBER OF CASES IN EACH WARD						
	At all ages	Under 1 yr.	AGES IN YEARS											S'town & W'ver- cote	North	West	South	East	Head ington & M'ston	Cowley & Iffley
			1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-							
Scarlet Fever ..	14	—	—	2	4	1	4	1	—	2	—	—	—	1	1	—	—	3	4	5
Erysipelas ..	8	—	—	—	—	—	—	—	—	—	—	—	5	3	1	1	—	—	—	2
Puerperal pyrexia ..	37	—	—	—	—	—	—	—	7	28	2	—	—	—	34	—	—	—	3	—
Ophthalmia neonatorum	2	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Measles ..	1285	57	139	159	198	227	460	14	12	12	1	4	2	116	78	68	108	144	396	375
Whooping Cough ..	21	3	3	—	2	3	10	—	—	—	—	—	—	—	1	8	—	—	4	8
Pneumonia ..	11	—	1	1	—	—	—	—	—	—	1	3	5	1	1	4	1	4	—	—
Acute encephalitis— post infectious ..	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Bacillary Dysentery ..	116	1	6	10	6	9	42	12	1	15	8	5	1	8	12	17	5	6	37	31
Food Poisoning ..	68	—	1	1	1	1	—	—	25	32	1	6	—	2	51	2	—	3	5	5
	1563	63	150	173	211	242	516	27	45	89	14	20	13	131	180	99	117	161	449	426

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITAL

		Radcliffe Infirmary	Churchill Hospital	Oxford Eye Hospital	Slade Hospital	Nuffield Orthopaedic Centre
Scarlet Fever	..	—	—	—	1	1
Erysipelas	..	—	—	—	2	—
Puerperal pyrexia	..	34	3	—	—	—
Ophthalmia neonatorum	..	—	—	1	1	—
Measles	..	1	—	—	18	—
Whooping Cough	..	—	—	—	2	—
Acute primary pneumonia	..	—	—	—	1	—
Encephalitis—post infectious	..	—	—	—	1	—
Sonne dysentery	..	—	—	—	4	—
Food poisoning	..	—	2	—	2	—
		35	5	1	32	1

(b) THE SLADE HOSPITAL. Infectious Diseases Department.

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. Daphne M. Humphreys, M.B., B.S., D.C.H., continued as Resident Medical Officer throughout the year, and the following report prepared by her is included by reason of the fact that the infectious diseases patients at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department.

“There were 466 admissions to the 25 infectious diseases cubicles compared with 500 for each of the last two years.

The major change this year was a substantial increase in measles which accounted for 69 admissions, of which 22 were on account of broncho-pneumonia, 4 had otitis media, 3 were cases of encephalitis and 2 had febrile convulsions. There was one death due to a grossly purulent staphylococcal pneumonia in a child of three, who had always been weak since a staphylococcal pneumonia at the age of eight weeks. This would obviously have been a good case for measles prophylaxis. All 3 cases of encephalitis recovered, but 2 have been left with behaviour difficulties (one in a previously unstable child) and are requiring E.E.G. follow-up. The child with previous behaviour abnormality had a severe attack with prolonged unconsciousness.

Gastro-enteritis accounted for 66 admissions, of whom 41 were children, and in 7 of these, pathogenic *B. coli* were isolated. Two adult cases were very severe, one being a man with ulcerative colitis and the other, an elderly patient who died, also had chronic heart failure and multiple pulmonary emboli. No case in either group needed intravenous therapy.

There were 16 cases of Sonne dysentery. Only 4 cases of *Salmonella* infection were admitted this year, the isolated types being Newport, Baildon, Heidelberg and London. There was one case of paratyphoid B contracted in Paris on a schoolgirl outing. One contact of paratyphoid B was admitted and also a possible carrier, revealed by routine blood tests, but not confirmed by stool investigations.

There were 38 admissions with upper respiratory tract infections, of which 26 were children under the age of five. Bronchitis accounted for 16 of these and 7 had diarrhoea severe enough to warrant admission to the Slade rather than elsewhere. Six of the cases were complicated by otitis media. There were no cases of obstructive laryngitis. No causative organism was isolated from any of these cases.

Pneumonia accounted for 19 admissions, 5 being infants under one year, 10 were lobar and 9 broncho-pneumonia. No cases were due to

mycoplasma, psittacosis or influenza. There were 3 deaths, all in very elderly people, one of whom also suffered from senile dementia and another had gastro-enteritis with anuria.

Cases of whooping cough numbered only 7 as against 30 last year, 5 being under one year old. One child had convulsions, one left lower lobe pneumonia and one five-month-old had severe cyanotic spasms.

There were 2 cases of meningococcal meningitis, one being a child of two and the other an adult. Both were extremely ill on admission, the child being comatose and shocked, and in spite of prompt antibiotic and steroid therapy, died shortly after admission, whilst the adult who was semi-comatose responded rapidly to treatment. These two instances again underline the extreme importance of general practitioner diagnosis of this illness so that a large dose of penicillin can be given before admission to hospital. Adults on the whole tolerate the infection well, but in young children it is an extreme medical emergency.

There was one very severe case of coliform meningitis in a two-week-old baby but, although the outlook for this condition is very grim, this infant made a good recovery. There was a case of pseudomonas pyocyaneus meningitis in a hydrocephalic baby who died after clearance of the meningitis. A Pakistani who also had miliary T.B. was admitted with tuberculous meningitis.

There were 11 cases of virus meningitis, 4 due to Coxsackie B.5 and 3 to Echo 27. There were 4 admissions with virus encephalitis; all having a lymphocytic C.S.F. and raised protein. All resolved with no sequelae and no incriminating organism was isolated.

There were 6 uncomplicated cases of scarlet fever. There were 15 admissions with throat infections which did not belong to the glandular fever group, and of these, 7 were due to B. haemolytic group A streptococci. Four admissions suffered from facial erysipelas; all were elderly and all had marked toxicity. One man with concomitant urinary tract infection and multiple pulmonary emboli died. There were 2 cases of puerperal sepsis, both caused by B. haemolytic streptococci.

There were 5 patients with "flu-type" illness from which a causative organism could not be isolated, but in two similar cases Coxsackie B.5 was found.

There were 7 cases of herpes stomatitis, one of which occurred as a secondary feature in a case of chickenpox.

There were 9 cases of staph. infection, one extremely severe in a woman of 73 with boils, who died after developing staphylococcal septicaemia. The others were trivial and consisted of superficial infections, 5 being transfers from other hospitals in the group.

There were 12 cases of infective hepatitis, all of whom recovered. Five other cases admitted with jaundice proved to have cholecystitis, gall stones (2), carcinoma hepatis and portal pyaemia.

There were 15 admissions with glandular fever spread evenly throughout the year. All but 2 had a positive Paul Bunnell, in contrast to last year when only 12 out of 29 had a positive Paul Bunnell. Two of the cases had jaundice.

Eleven cases of chickenpox were admitted; one with febrile convulsions, 2 immediately following measles and one with concomitant whooping cough. Herpes zoster accounted for 5 admissions, of which 4 had herpes ophthalmicus, one in a lady with carcinomatosis, who died. All the cases were over the age of 60.

There were only 6 cases of mumps, as compared with 25 last year. One case was complicated by encephalitis and orchitis, one with encephalitis, one with pancreatitis and meningitis, and one with pancreatitis alone. All recovered with no sequelae.

There were 4 cases of rubella, 3 being transfers from other hospitals.

There were 12 cases of urinary tract infection, 5 of drug rash, 4 with P.U.O., 3 cases of carcinomatosis (2 deaths), and 3 child contacts of infectious disease who had swallowed noxious fluids and needed hospitalisation.

There were 2 cases of tuberculosis this year; one has already been classified under meningitis, the other being another Pakistani with pulmonary disease.

There were 15 deaths, of which 3 occurred in infectious disease cases, namely, fulminating meningococcal meningitis in a child of two; staph. pneumonia and measles in a two-year-old; and erysipelas plus pulmonary emboli in a man of 79.

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1965

	<i>Admissions</i>	<i>Deaths</i>
Measles	69	1
Gastro-enteritis—infants	41	—
Upper respiratory tract infection	38	—
Gastro-enteritis—adults	25	1
Pneumonia	19	3
Dysentery	16	—
Glandular fever	15	—
Tonsillitis—quinsy	15	—
Virus meningo-encephalitis	15	—
Urinary tract infection	12	—
Infective hepatitis	12	—
Chickenpox	11	—
Staphylococcal infections	9	1

P.U.O.	..	..	..	..	..	..	9	—
Whooping Cough	..	..	..	..	..	..	7	—
Herpetic stomatitis		..	..	..	..	..	7	—
Mumps	..	..	..	..	..	..	6	—
Scarlet fever	..	..	..	..	..	..	6	—
Herpes zoster	..	..	..	..	..	..	5	1
Drug rash	..	..	..	..	..	..	5	—
Salmonella infection		..	..	..	..	..	4	—
Rubella	..	..	..	..	..	..	4	—
Erysipelas	..	..	..	..	..	..	4	1

There were two cases each of meningococcal infection (one death); paratyphoid B; puerperal pyrexia; Bornholm disease; pulmonary tuberculosis; pyogenic meningitis (one death); Coxsackie B.5 pyrexia; asthma; constipation with diarrhoea, and a feeding problem.

There were single cases of roseola infantum; schistosomiasis; peritonitis from perforated ileum (died); malaria; agranulocytosis; acute leukaemia (died); purpura; syphilis; intestinal obstruction; tonsillar gland abscess; subarachnoid haemorrhage; Reiter's syndrome; gout; gonococcal arthritis; giardia lamblia steatorrhoea; lung abscess; dental abscess; sinusitis; renal calculi; rheumatic heart disease; carcinoma bronchus; carcinoma colon; gangrene of toe; diverticulitis; disseminated sclerosis; hydrocephalus; diabetes; cardiac failure; abdominal pain (ovarian cyst); urticaria; varicose ulcer; infantile eczema; nephrotic syndrome; battered baby syndrome (died); anaemia; and haemophilia.

There were 26 convalescent or social admissions, and 4 babies accompanied mothers."

(c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946, are as follows:—

	<i>Proportion of whole-time</i>
Dr. F. Ridehalgh, Consultant Chest Physician to the United Oxford Hospitals	3/11ths
Mrs. D. Hicks, Medical Social Worker, Chest Clinic ..	3/11ths
Miss G. M. Lawrence and Mrs. M. S. Scott, Tuberculosis Health Visitors each	Half-time
1 Clerk	3/11ths

Mass Radiography

The visit of the mass X-ray unit in 1964 was mentioned briefly in last year's annual report. The following table gives some details of the results of this visit, alongside figures from previous years.

	1954	1957	1961	1964
Number of persons examined ..	33,285	32,785	33,267	34,728
Male	21,107	22,297	24,644	26,155
Female	12,178	10,488	8,623	8,573
Number of cases of active pulmonary tuberculosis	71	41	37	49
Rate per 1,000 examined ..	2.1	1.3	1.1	1.4
Number of cases of primary lung cancer	7	7	13	13
Rate per 1,000 examined ..	0.2	0.2	0.4	0.4

No special effort was made to encourage immigrants to attend, as the Unit had visited in 1963 solely to X-ray Pakistanis.

It will be noted that the number of cases of active pulmonary tuberculosis discovered per thousand persons X-rayed increased slightly. This may in part be attributed to the increased proportion of men who attended, as pulmonary tuberculosis is now predominantly a disease of middle-aged and elderly men.

University B.C.G. scheme

In January the Chief Medical Officer of the Ministry of Health recommended that undergraduates at universities and students at colleges of further education should be encouraged to accept protection against tuberculosis through vaccination with B.C.G. This is a logical extension of the present practice of offering all school children B.C.G. at the age of

13, and it is hoped to protect those undergraduates who for one reason or another missed their injection at 13 years.

After discussion with the various bodies concerned, the scheme was started during the autumn term. A team of doctor, nurse and clerical assistant visited each college in turn, performing Heaf tests followed by B.C.G. vaccination a week later where appropriate.

The initial response was disappointing, as was the failure of a number of undergraduates to attend on the second visit.

Number accepting offer of B.C.G. vaccination (11 colleges)	163
Number attending 1st session for Heaf test	124 = 76%
Number attending 2nd session for reading and B.C.G. ..	102 = 62%
Number of positive reactors to Heaf test	29 = 29%*

*This figure is of no significance because it is now known to include some students who had previously had B.C.G. vaccination.

Individual college attendance rates varied between 25% and 100%.

TABLE A
New Cases and Mortality during 1965

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0— ..	—	1	—	—	—	—	—	—
1— ..	1	1	—	—	—	—	—	—
2—4 ..	3	2	—	1	—	—	—	—
5—9 ..	1	—	—	—	—	—	—	—
10—14 ..	2	—	—	—	—	—	—	—
15—19 ..	—	2	—	—	—	—	—	—
20—24 ..	3	3	1	1	—	—	—	—
25—34 ..	11	5	—	—	—	1	—	—
35—44 ..	6	—	—	1	—	—	—	—
45—54 ..	6	3	—	—	—	—	—	—
55—64 ..	10	2	—	1	—	—	—	1
65—74 ..	4	2	—	—	—	—	—	—
75 and over ...	—	3	—	—	1	—	—	—
Totals ...	47	24	1	4	1	1	—	1

TABLE B
Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
1946	140	32	172
1947	144	27	171
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	101	18	119
1954	116	15	131
1955	110	22	132
1956	94	11	105
1957	84	8	92
1958	63	7	70
1959	66	11	77
1960	75	10	85
1961	53	7	60
1962	71	5	76
1963	70	25	95
1964	97	17	114
1965	71	5	76

Dr. F. Ridehalgh reports as follows:—

In my report for 1964, I examined the wide and apparently erratic fluctuations in tuberculosis notifications from year to year and concluded that the intermittent peaks occurred in years in which a Mass Radiography survey took place. It is therefore not surprising that in 1965 notifications of all forms of tuberculosis fell from 114 to 76, and those of respiratory tuberculosis from 97 to 71. These figures are as usual taken from the weekly returns of notifications and may therefore be subject to minor corrections. These weekly lists, together with the actual case papers of the patients involved, do however, give a more accurate and detailed picture than any other source of information. I have therefore repeated the table in which the component parts of the overall notifications figures are shown.

<i>Tuberculosis—</i>			1961	1962	1963	1964	1965
All forms	..	..	60	76	95	114	76
Respiratory	..	..	53	71	70	97	71
Non-respiratory	..	..	7	5	25	17	5
<i>Respiratory—</i>							
Adult male	..	..	31	51	41	66	40
Adult female	..	..	13	16	19	13	20
All adults	..	..	44	67	60	79	60
Children ..	..	..	9	4	10	18	11
Men over 35	..	..	18	34	22	48	26
Native-born adults	..	..	30	47	34	55	44
Asian immigrants	..	..	3	10	21	16	13
Other immigrants	..	..	11	10	15	8	3

It will be seen that respiratory notifications are lower in all immigrants as well as in native-born adults and children.

What the figures do not show is the type of case found. The pattern seen in the City of Oxford does however correspond with that seen in the whole area served by the Department of Chest Diseases at the Churchill. In this area the percentage of cases sputum-positive on diagnosis has risen from 24% to 33% and the percentage of male cases positive from 24% to 41%—in fact the overall rise in sputum positive cases arises almost entirely from cases in men. In 1964 61% of new cases were classed as early, in 1965 only 45%. In other words, when we have a Mass X-ray survey year, along come the early cases; in other years more patients are referred on symptoms, and the statistics underline the fact that far too many patients are still presenting with extensive disease and have obviously been infective for a long time.

I suspect that less care is being taken to see that expectant mothers have a chest X-ray. It is disturbing to find that a recent "expert" opinion in the *British Medical Journal* advised against chest X-ray in pregnancy because of the radiation hazard. A Mass X-ray survey in the northern part of this Region has shown a tuberculosis morbidity of 1.79/1000 in expectant mothers as against 1.53/1000 in the general survey. The Radiation Hazards Committee in Oxford has stated that correct radio-dose of the normal dose due to background radiation. Dr. J. M. Black recently presented a study of five local women whose active tuberculosis was found shortly after confinement and would almost certainly have been discovered at an earlier stage by an ante-natal X-ray. Between them they have fourteen children, twelve of whom had active tuberculosis requiring chemotherapy. In addition one husband and several contacts outside the family circle were found to have active tuberculosis. I think that the decision about ante-natal chest X-rays is very much in the hands of the general practitioner and I ask for their help in this matter.

Deaths from Tuberculosis

There was one death from uncontrollable drug-resistant tuberculosis on a West Indian woman of 27. One death from cardio-respiratory failure occurred in a man of 63, a permanent hospital resident since 1948 with a graphic procedures for chest X-rays involve exposures of only 1/5 to 1/20 persistently positive sputum resistant to all drugs. One death from coronary disease took place in a man whose tuberculosis showed mild chronic activity but was not directly contributory. Four deaths were due to cardio-respiratory failure arising from lung damage caused by long-standing but inactive treated tuberculosis. The remaining 12 deaths of persons on the tuberculosis register were from unconnected causes.

Tuberculous Meningitis

One case of tuberculous meningitis was notified, and affected an immigrant from Pakistan who also had pulmonary and miliary tuberculosis.

Contacts

Four hundred and fifty-nine direct contacts of cases of tuberculosis were examined. B.C.G. was given to 259 negative tuberculin reactors and also to 28 new-born babies in tuberculous households, 33 immigrant contacts were seen and 14 given B.C.G.

The Health Visitors made a total of 1,108 domiciliary visits. The fall from 1,475 last year is almost exactly equivalent to the fall in total notifications and reflects the fact that their work in tuberculosis nowadays is concentrated on an ever more thorough search for contacts of new cases and on the supervision of domiciliary chemotherapy. The improved organisation of tuberculin testing methods has undoubtedly improved their efficiency but I have no doubt that these two invaluable colleagues are definitely (though cheerfully) overworked.

The activities of our team of Medical Social Workers, and of the Care Committee are fully detailed in the report by Mrs. D. Hicks. I can only repeat what I said last year—that the whole basis of our work is that clinical, preventive and social medicine must be co-ordinated by a team who know each others' minds. Every member of the staff, clinical and lay, has worked together to achieve this.

Mrs. D. Hicks, Medical Social Worker reports:—

In spite of staff shortages from various causes, medical social work has continued in the Chest Clinic throughout the year; as always, this is one of the most rewarding departments within which to do case work. Medical understanding of the complex social factors frequently found alongside chest disease, creates a climate in which we can make an effective contribution towards the patient's recovery.

When one has worked for a long time in a closely knit team of Doctors, Health Visitors, and Occupational Therapists, one tends to take for granted the sensitive understanding of the different members of the team, and work securely towards the best service that can be given to help the patients up the more difficult slopes of illness. Occasionally one is jolted into a recognition of how fortunate we are in Oxford to have such co-operation, when attending meetings in some areas, one discovers that ease of communication is a thing to be worked for, against administrative barriers that must sap the energy of the workers, and effect the patients adversely.

Patients with Pulmonary Tuberculosis remain our primary care, but the number of new cases with young families, and all the financial involvements entailed, who used to need rapid help from our Care Committee have become rare; looking through the cases helped this year, only five concern patients in the under forty age group, of these, two single women for help with holidays, which lit up the year, and three with young families needing help with debts, holiday expenses, and fuel respectively.

The extension of our Care Committee to help all types of chest disease, which took place early in 1963, has only gradually built up. In

1964 the ratio was one non-tuberculous case to every three Pulmonary Tuberculous cases. This year, however, the non-tuberculous cases account for over 40% of those helped, i.e., twenty-three cases out of a total of fifty-four families given aid by the Committee. I do not think this increase is in any way pushing aside our Tuberculosis patients, as the Health Visitors and my staff are constantly watchful on their behalf. It is inevitable that we are serving a group of chronic long term patients, whose ranks are thinning. We have sadly lost fifteen old friends known to the Care Committee, who have died within the last two years. One of them had been in the Osler for seven years. Where this happens to elderly married patients, we always try to help the one who is left during the first acutely painful period of grief, and if they lack supporting friends, try to link them up with new interests, and sources for future help. The provision of free milk, financed by the Health Department, still provides a valuable form of assistance to the long term Pulmonary Tuberculous patients, which is much appreciated.

The Care Committee, although it now only meets once a quarter, has in fact, helped eighteen more cases than last year, and will need to seek new means of raising money now that the Seal Sale has been given up, because it was raising insufficient money to be worth pursuing.

Our wider basis for helping chest patients is making it possible for Health Visitors working in general practice to put forward cases, and also for Medical Social Workers working for general physicians in the United Oxford Hospitals, to do the same. Several patients have had help with television licences. Two of our cases are being provided with television sets, rented on their behalf by the Oxford Council Social Service, with a consequent widening of interests, and loss of consciousness of the curbing aspects of home bound life.

We are able to get ready help for our cancer patients from the National Society for Cancer Relief, in London, and there are possibilities of aid for heart patients under treatment in hospital from the relatively new Heart Foundation.

Asthma cases more often need case work help for complicated emotional and social problems than material assistance, but two asthma cases have been helped by the Care Committee this year.

Our liaison with the Disablement Resettlement Officer, of the Ministry of Labour, is still very valuable, particularly in placing the patients without family backing, usually single men who need considerable help on discharge from hospital, whose length of stay in hospital tends to be longer because of their social isolation. Needless to say, with this group of patients, we have much help from the National Assistance Board, as well as constant aid extended to our other long term sick, whatever the nature of the chest illness, although the Higher Scale is still only allotted to those who have Pulmonary Tuberculosis. The National Assistance Board are making great efforts to find elderly people in straitened circumstances, whether ill or merely frail. In this way, many hidden poor,

with sensitive pride, who would never ask for help on their own, are getting a better chance of aid.

(d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a medical social worker who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary and compares this year with the three previous years. It should be noted that the figures given in this table includes patients from the wide area around Oxford served by the Radcliffe treatment centre:—

New patients suffering from	1965		1964		1963		1962	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis —								
primary	1	—	—	—	—	—	—	—
secondary	1	—	—	—	—	—	1	—
cardio-vascular	2	—	—	—	3	1	—	—
of the nervous system	—	1	—	—	4	2	—	—
latent	15	3	8	4	13	7	13	11
congenital	—	1	—	—	2	1	1	1
Total	19	5	8	4	22	11	15	12
Gonorrhoea	183	64	186	50	194	73	187	37
Other conditions	360	154	378	122	318	105	276	70
Undiagnosed	—	—	5	1	11	2	5	9
Total new patients	562	223	577	177	545	191	483	128
Total attendances	2021	867	1996	705	1649	800	1652	574

Dr. P. Mallam reports:—

“Miss Piesse, the medical social worker in the Special clinic has, as will be noted from her report, together with the specially designated Health Visitors, managed to be very successful in rounding up contacts and possible contacts amongst teenagers, and I think this must be regarded as very gratifying. The figures speak for themselves; the males have not changed in numbers, but the females have somewhat increased. Also it is noted that the proportion of West Indians, Indians and Pakistanis in relation to British born subjects has shown that the former group of patients has diminished numerically.

The staffing of the clinics has run smoothly. It is clear that granted an efficient male nurse to supervise and instruct, the more intelligent type of male hospital worker can be trained to an adequate level of efficiency. No change in the medical staffing of the clinics is likely to take place in

the near future. The bed situation has not always been easy and it has been difficult to find accommodation in Briscoe 2 at certain times, but with the co-operation of the Medical Officer of Health, no difficulty has proved to be insuperable.

Dr. J. Walley reports:—

“During 1965 in the Female V.D. Clinic we saw an increasing number of patients with gonorrhoea, with a corresponding increase in the number of girls in the teenage group. Again there have been no cases of early syphilis.

With the help and co-operation of Dr. Spriggs of the Cytodiagnostic Unit at the Churchill Hospital we are starting a scheme for routine screening for cervical cancer, as it is now generally accepted that patients having reason to attend a V.D. Clinic are at greater risk than the rest of the female population.”

Miss B. F. Piesse (Medical Social Worker) reports:—

“The total number of new cases of all conditions has risen slightly from 754 to 785 (Tables I, II and III) and the total number of attendances has increased from 2,701 to 2,888.

The total attendances of all patients show that more patients have completed their treatment but on an average a male patient with gonorrhoea attended only four times. We have a prompt follow-up system to remind defaulters that their treatment has not finished. The medical social worker has made the occasional home visit to a non-attender, but in both Oxford City and Oxfordshire County, specially designated Health Visitors continue to give excellent help in encouraging contacts and defaulters to attend.

There has been one case of primary and one case of secondary syphilis in male patients as compared with none last year (Table I).

There is no appreciable change in the number of male patients with gonorrhoea, but there is a small increase in the number of female patients although this may be explained by more successful contact tracing. The teenage group are much more willing to get their contacts to attend for treatment than the older patients.

As shown in Table IV, there has been a small increase in the number of young people attending the clinic with infections of gonorrhoea. Among the female patients there were 18 girls under the age of 16 years who attended the clinic, 3 of whom had gonorrhoea. Some who were under the care of the Children's Department came for medical check-ups prior to Court appearance. Ten years ago, there were only 2 girls under the age of 16 who attended the clinic. In the 16—17 age range, there has been an increase in attendances of girls from 21 to 43, 9 of whom had gonorrhoea. Most of these girls live with their parents, but admit to “not getting on” with one of them, usually their father.

TABLE I
New Cases of Syphilis

	Male	Female	Total
Primary	1	—	1
Secondary	1	—	1
Latent in 1st year of Infection	5	—	5
Cardiovascular	2	—	2
Of nervous system	—	1	1
All other late or latent stages	10	3	13
Congenital (under 1 year) ..	—	1	1
Congenital (over 1 year) ..	—	—	—
Totals 1965 ..	19	5	24
Totals 1964 ..	8	4	12

TABLE II
New Cases of Gonorrhoea

	Male	Female	Total
1965	183	64	247
1964	186	50	236

TABLE III
New Cases of Other Conditions

	Male	Female	Total
Non-Gonococcal urethritis ..	127	—	127
Non-Gonococcal urethritis with arthritis	1	—	1
Late and latent treponematoses presumed to be non-syphilitic	1	—	1
Other conditions requiring treatment within the centre	103	86	189
Conditions requiring no treat- ment within the centre ..	125	61	186
Undiagnosed conditions ..	3	7	10
Totals 1965 ..	360	154	514
Totals 1964 ..	383	123	506

TABLE IV

Age Groups of New Cases of people attending with Gonorrhoea

AGE GROUP	1965			1964		
	Male	Female	Total	Male	Female	Total
Under 16	—	3	3	—	3	3
16 and 17	3	9	12	2	5	7
18 and 19	14	9	23	12	9	21
20—24	52	22	74	44	18	62
25 and over	114	21	135	128	15	143

TABLE V

Country of Origin of New Patients (all conditions)

	Male 1965	Male 1964	Female 1965	Female 1964
Africa	10	13	1	2
Europe, Incl. Eire ..	19	24	10	9
Far East	3	6	—	—
India and Pakistan ..	27	48	1	—
Middle East	5	4	—	—
S. America	—	1	—	—
U.S.A.	1	7	—	—
West Indies	45	73	8	13
Great Britain	433	387	202	150

It has been interesting to compare the number of immigrant patients attending (Table V). There has been a marked decrease in the number of male patients from the West Indies and Pakistan. This might indicate that these immigrants are now becoming more integrated in the community and that their wives and families might have joined them to give a more stabilising effect. We have been aware in previous years of the large number of immigrant men as compared with immigrant women who have attended the clinic for treatment, and this has illustrated the problems of loneliness and separation from families. It is hoped that the reduction in numbers might indicate more stable family life and gradual adjustment to living in a strange country.

The problems of adjustment to various changes in situation are high-lighted by attendances at the clinic. The teenage group of patients speak of their frustrations and insecurities, and their very attendances indicate their inability to cope with adult life and its accompanying responsibilities. Most of the female patients are seen by the medical social worker, and many of the girls lack emotional security in their home backgrounds. The teenage patients appear to find it hard to make constructive use of their leisure time. Many patients need considerable support during their treatment and benefit from the opportunity of talking about their difficulties with the medical social worker.

Some considerable work has been done by the medical social worker with patients with marital problems. The knowledge that the husband has not only been associating with another woman, but has also caught an infection and passed it on to the wife, can threaten to break up a family. Husbands and wives have been seen on a regular basis throughout their clinic attendances and some have continued to see the medical social worker after they have been discharged from the clinic. The opportunity to discuss these complex difficulties with a medical social worker has helped to strengthen individual marriage partners and enabled them better to come to terms with their problems and sometimes to surmount them.

Table showing the incidence of new cases of Venereal Disease in City Residents from 1946—1965

	MALES		FEMALES	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
1946	23	57	19	15
1947	14	26	25	10
1948	7	36	12	7
1949	8	17	9	2
1950	14	9	9	5
1951	8	10	6	3
1952	7	25	5	8
1953	8	10	3	15
1954	6	21	7	13
1955	6	27	4	25
1956	6	32	8	17
1957	7	38	2	12
1958	7	62	7	6
1959	5	70	1	16
1960	4	77	3	14
1961	1	104	2	20
1962	7	143	9	26
1963	10	145	4	40
1964	6	125	3	38
1965	10	119	5	47

(e) VACCINATION AND IMMUNISATION

1. Vaccination against smallpox

Table showing successful vaccinations performed during the year:—

Age at date of Vaccination in months	0—2	3—5	6—8	9—11	12—23
Number vaccinated (primary) ..	8	16	25	462	698
Number re-vaccinated	—	—	—	—	—

Age at date of Vaccination in years	2—4	5—14	15 and over	Total
Number vaccinated (primary) ..	140	10	28	1,387
Number re-vaccinated	17	29	435	481

Of the vaccinations carried out during the year 43 primary vaccinations and 113 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act, 1946.

During the year two attempts were made on two children without success. Two children did not return for a second attempt after a first failure. A primary vaccination which fails to take, in no way implies immunity to smallpox and the usual procedure following repeated failures is to postpone further attempts for six months.

This is the second year during which children have been offered smallpox vaccination after completion of other prophylactic procedures following the change of policy in 1963.

The following table shows the number of children under two years of age who have been vaccinated in recent years:—

Year	1961	1962	1963	1964	1965
Number of live births	1,695	1,695	1,842	1,872	1,805
Number of children vaccinated under two years of age ..	1,125 (66%)	1,558 (92%)	383 (21%)	1,060 (57%)	1,209 (67%)

The high figure for 1962 was the result of outbreaks of smallpox in the country. The low figure for 1963 is accounted for by the change in policy regarding age of vaccination.

No serious reactions or complications of vaccination occurred during the year.

During 1965 we continued to test the potency of batches of smallpox vaccine on behalf of the Lister Institute. 15 batches were tested, the results being as follows:—

Vaccine Batch Number	Number of Vaccinations	Number Inspected	Number of Successful results	Number of Failures
1092	55	47	46	1
P1114	50	37	37	—
1123	46	42	41	1
P1145	133	116	111	5
P1166	91	75	74	1
P1242	109	99	97	2
P1274	153	124	120	4
1349	141	86	86	—
1391	128	90	88	2
1414	101	64	62	2
1422	13	11	11	—
1420	116	104	96	8
P1437	145	126	125	1
1633	103	92	89	3
1470	72	53	53	—
Total	1,456	1,166	1,136	30

2. Immunisation against diphtheria, pertussis and tetanus

The following table shows the number of primary immunisations completed and the number of re-inforcing injections given during 1965:—

	Children born in years							
	1965	1964	1963	1962	1961	1956-1960	1955-1959	Total
A Number of children who completed a full course of primary immunisation:								
(i) Triple antigen ..	724	934	45	18	5	4	—	1730
(ii) Combined diphtheria—tetanus prophylactic	3	23	10	10	10	43	8	107
Totals	727	957	55	28	15	47	8	1837
B. Number of children who were given a re-inforcing injection:								
(i) Combined diphtheria—tetanus prophylactic	—	11	19	51	198	1136	20	1435

Comments

(1) General practitioners gave 44 (2.4%) of the 1,837 primary courses and 13 (1%) of the 1,435 re-inforcing injections. All other injections were given by the staff of the Health Department. This is an indication of the advantage taken by parents of the facility with which primary courses are available at all child welfare clinic sessions, and re-inforcing injections on school entry.

(2) Children receiving a full course of immunisation against diphtheria and tetanus numbered 1,837 compared with 1,801 in 1964. Those receiving a full course of vaccination against pertussis numbered 1,730

compared with 1,667 in 1964. The difference between the numbers protected against diphtheria and against pertussis is largely accounted for by the fact that on entry into school or nursery school a number of children are contacted who have never had any protection against these diseases. In such cases, a course of immunisation against diphtheria and tetanus is undertaken, while pertussis is omitted on account of the relative frequency of reactions which it produces in children of this age.

(3) The exact proportion of babies immunised against diphtheria, whooping cough and tetanus is difficult to estimate accurately, but there is a strong indication that the rate remains satisfactory. The health visitors have studied the records of children born in 1963 and still on their list at the end of 1965. A study of these two year old children gives the most complete figure for immunisations, as it includes those that might not have completed their schedules by their first birthdays. There were 1,392 such children of whom 1,296 had been immunised with triple antigen; which gives a figure of 93%. Comparable figures for the immunisation rate in 2-year-olds for the last ten years are as follows:—

1956	77%	1961	91%
1957	80%	1962	92%
1958	82%	1963	89%
1959	83%	1964	90%
1960	88%	1965	93%

(4) Triple antigen was again used throughout the year for primary immunisation of babies, preferably beginning at 4 months. Reactions to triple antigen at this age are usually absent or slight, and during the year no child failed to complete the course owing to reactions.

In November a more concentrated triple antigen was introduced so that $\frac{1}{2}$ cc. doses could be given in place of the bulkier 1 cc. injections. There was noticeably less objection by the infants at the time of injection and the low rate of subsequent reactions was much the same.

Diphtheria-tetanus vaccine adsorbed (P.T.A.H.) is administered to school children in the form of either a single re-inforcing injection or a primary immunising course. Children who have previously been protected against diphtheria only, are given two additional injections of tetanus toxoid, so that full protection against diphtheria and tetanus is ensured.

(5) Estimations, based on notification figures, of the protection conferred by pertussis immunisation may not be entirely reliable, but during the past nine years there have been 56 notified cases in the first year of life, and in only five cases had the child been immunised. This suggests a considerable degree of protection.

Details of immunised cases notified in 1965 are given in the following tables:—

	Under 1 year	1 year	2 years	3 years	4 years	5—9 years	over 10 years	Total
Total notifications ..	3	3	—	2	3	10	—	21
Notifications in im- munised children ..	1	1	—	3	2	8	—	15

Age of Child onset	Age at first T.A. injection	Interval between last injection and onset	Severity
*11 months	4 months	5 months	Moderate
*1 year	3½ months	7 months	Mild
3 years 3 months	4 months	2 years 9 months	Very mild
*3 years 4 months	4 months	2 years 10 months	Moderate
*3 years 6 months	3½ months	3 years	Very Mild
*4 years 3 months	3 months	3 years 10 months	Mild
*4 years 4 months	2 months	4 years	Very Mild
*5 years 5 months	3½ months	5 years	Moderate
*5 years 8 months	5½ months	5 years 1 month	Moderate
*5 years 8 months	5 months	5 years 1 month	Very Mild
*6 years 1 month	3½ months	5 years 8 months	Very Mild
6 years 7 months	5 months	6 years	Moderate
6 years 7 months	5 months	6 years	Moderate
7 years 2 months	Unknown	Unknown	Moderate
8 years 1 month	Unknown	Unknown	Moderate

* In 10 cases in which detailed records are complete the three injections of Triple Antigen were given at monthly intervals. In six cases immunisation was started under the age of four months, and in one of these at only two months of age.

3. Poliomyelitis vaccination

Sabin (oral) vaccine is used at the Child Welfare Clinics, and during 1965 there were no requests for Salk vaccine. Sabin vaccine is used exclusively when school children receive protection, thus making the school sessions reasonably quick, easy and pleasant for all concerned. The present schedule of immunisation for children is three doses of Sabin (oral) vaccine at monthly intervals starting at seven months of age and a booster dose upon commencing school at five years of age. There is now no objection to giving Sabin vaccine at the same time as triple antigen or diphtheria-tetanus vaccine. This means that both can be given at the same session at school, and late starters of seven months or more at Child Welfare Clinics can be protected against all four diseases simultaneously. Protection of babies and school children continues at a high level, the figures being slightly higher than for the previous year.

A total of 105 school children were given a full course of vaccine at school compared with 175 in 1964.

The table below gives the numbers of persons who completed courses of vaccination during the year:—

	<i>Sabin Vaccine</i>	
	Full Course	Booster doses
Children born in 1965	275	
Children born in 1964	1,282	
Children born in 1963	161	
Children born in 1962	63	
Children born in 1961	36	
Persons born in 1960-43	152	1,388 }
Persons born in 1952-33	97	
Others	86	
Total	2,152	1,388

The exact proportion of babies immunised against poliomyelitis is difficult to estimate accurately. The health visitors have studied the records of children born in 1963 and still on their list at the end of 1965. There were 1,392 such children, of whom 1,261 had been fully protected against poliomyelitis; which gives a figure of 91%.

We continue to supply vaccine to the United Oxford Hospitals for protection of their staff, a total of 1,070 doses of Sabin vaccine being issued during 1965.

4. Measles vaccination

Oxford was one of a small number of local authorities throughout the country who co-operated with the Medical Research Council in the investigation of measles vaccines. During the autumn of 1964 immunisation using two schedules was undertaken on a number of children between the age of ten months and two years. They received either a dose of killed vaccine followed one month later by a dose of live vaccine, or a single dose of live vaccine. All the children including a control group who did not receive any vaccine were kept under observation by means of three follow-up visits at three monthly intervals following vaccination.

The results of the enquiry were as follows:—

	<i>Total</i>	<i>Developed Measles</i>
Killed and Live Vaccine ..	85	7
Live Vaccine	100	3
Control Group	148	41—28%

Of the 10 children who developed measles despite immunisation, 8 were classified as mild, 1 as moderate, and 1 as severe. In the control group 12 of the 41 cases were mild, 24 moderate and 5 severe.

These results suggest that a considerable degree of protection is given by the vaccines.

5. Anthrax vaccine.

It is now possible to confer immunity to anthrax by injection and the vaccine was available on request by practitioners for those at special risk such as veterinary surgeons.

6. Vaccination for travellers

(a) *Yellow Fever.* Oxford is one of the centres approved by the Ministry of Health for the provision of yellow fever vaccination and weekly sessions are held on Tuesday afternoons. The clinic has been busy throughout the year, 816 vaccinations being performed compared with 830 in the previous year.

(b) *Other diseases.* A travellers' immunisation clinic is held weekly on Wednesday evenings, but in cases of real emergency the necessary injections are given on other days. The clinic was formerly held at 60 St. Aldate's but is now held at the Health Department.

The following are the number of immunisations given in recent years:

	1961	1962	1963	1964	1965
Cholera	18	27	23	37	66
T.A.B.	30	47	85	217	137
T.A.B. and Cholera ..	50	28	31	58	55
T.A.B. and Tetanus ..	—	—	—	—	19
Tetanus Toxoid ..	22	14	10	17	28
Typhus	5	4	1	—	7
Total ..	125	120	150	329	312

(f) INFESTATION**(i) Scabies**

Two cases of scabies were reported in school children during the year. They were brother and sister and the family, including two pre-school children, were all treated at the same time.

(ii) Pediculosis

In 1965 the duty of making personal hygiene inspections was given to four part-time school nurses instead of the health visitors. Very many more inspections were done.

As before, schools where children had often been found infested were given the most attention. The reservoir of infestation is a small number of infested families whose co-operation is difficult to obtain in treatment.

	1964	1965
Number of inspections made	14,483	25,959
Approximate number of children inspected ..	7,500	11,300
Number of infested children	160	392
Percentage incidence	2.1	3.5

Of the 392 infested children, 130 were boys and 262 girls.

In addition, five adults and six pre-school children (all relations of infested school children) were also treated.

During the year, two adults (both male) infested with body lice were treated. This compares with three cases in each of the last two years.

(g) LABORATORY SERVICES

Your Medical Officer of Health has continued to serve as one of the two Medical Officers of Health on the Public Health Laboratory Service Board for England and Wales.

Bacteriological examinations

Examinations of specimens from cases of infectious disease and from contacts and suspected carriers have been carried out by Dr. R. L. Vollum and his staff at the Public Health Laboratory, Walton Street, Oxford. Towards the end of the year, Dr. Vollum retired and was succeeded by his deputy, Dr. W. H. H. Jebb. The Health Department had enjoyed the happiest possible co-operation with the Public Health Laboratory Service throughout the many years during which Dr. Vollum has been Director. We are most grateful for all his help and wish him a long and happy retirement.

Dr. F. O. MacCallum, Consultant Virologist, United Oxford Hospitals, has been of the greatest assistance in connection with the study of virus diseases.

Analytical examinations

Mr. F. A. Lyne, B.Sc., F.R.I.C., of 220/222 Elgar Road, Reading, Berkshire, has continued as official Analyst to the City.

SECTION V

MATERNITY AND CHILD WELFARE

REPORT BY DR. C. E. HALL,
M.B., Ch.B., D.P.H., D.C.H., D.R.C.O.G.
Senior Assistant Medical Officer of Health

A. MATERNITY
(including domiciliary midwifery)

I. Midwives practising in the Area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(a) Domiciliary midwives employed by the Local Health Authority	.. .. .	9
(b) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals	.. ..	31
		—
		40
		==

II. The Domiciliary Midwifery Service**1. General arrangements**

Virtually all domiciliary midwifery is undertaken by full-time midwives employed by the City Council. The establishment provides for a non-medical supervisor and assistant non-medical supervisor of midwives, one senior midwife and seven midwives. There were two changes of staff during the year, both vacancies being filled almost immediately. Three part-time midwives were employed to help with the nursing care of mothers and babies discharged early from hospital and for other duties when necessary.

The City Council takes full responsibility for providing midwives with suitable transport and accommodation if required. Corporation cars were used by four midwives, and a car allowance on the essential user basis, was available for those running their own cars. Seven midwives occupied Council property, six in fully-furnished accommodation and one in an unfurnished flat.

The midwives have continued to work in general practice rather than geographical areas. They were re-arranged for this in October, 1964, by grouping them into five pairs, each pair being attached to a certain number of practices, based on the practice case load. This has brought midwives into an even closer working relationship with general practitioners.

2. Antenatal care for domiciliary cases

Every mother booked for domiciliary delivery by a City midwife also books a general practitioner under the Maternity Medical Service. Cases for domiciliary delivery are carefully selected and antenatal care is carried out by both doctor and midwife in close co-operation. It is very much to the advantage of the mother, and in the best interests of midwifery, that this should be started early in pregnancy. The following table shows the number of midwives' bookings according to the period when antenatal care commenced.

<i>Period of gestation</i>	<i>Number of bookings</i>
Under 12 weeks	143
12—16 weeks	188
17—20 weeks	74
21—24 weeks	36
25—28 weeks	25
29—32 weeks	11
33—36 weeks	5
After 36 weeks	1
	<hr/>
	483*
	<hr/>

* This figure excludes 5 unbooked emergencies and 2 County deliveries.

It is gratifying to note that of the 483 mothers booked for delivery at home only 42 (8.7%) did not commence antenatal care until after the 24th week of pregnancy.

General practitioners continued to hold special antenatal sessions at their surgeries. At the end of the year 15 doctors were participating in 13 regular weekly sessions at which a midwife or her pupil attended. This joint attendance, so valuable to patient, doctor and midwife, has been facilitated by the attachment of the midwives to the general practitioners.

Every effort was again made to ensure that the full range of antenatal blood tests is carried out for each patient. Specimens were examined at the pathology departments at the Radcliffe Infirmary and the Churchill Hospital. Many general practitioners either collected the blood samples themselves or referred their patients to one of the three City antenatal clinics. The Supervisor of Midwives also took samples at the mother's home on 12 occasions at the request of the general practitioner, (compared with 30 occasions in 1964 and 31 in 1963).

The concerted effort to ensure that all mothers delivered at home have a high haemoglobin level at term was maintained. Almost every mother had routine iron in pregnancy and had her haemoglobin level estimated at 34—36 weeks. The results of all blood tests in pregnancy continued to be entered on the midwife's record which remains in the mother's keeping until she is delivered. Study of the records of the 488

cases delivered during the year shows the following distribution of late-pregnancy haemoglobin readings:—

<i>Hb.</i>	<i>Number of cases</i>
61—65%	—
66—70%	5
71—75%	39
76—80%	99
81—85%	156
86—90%	99
91—95%	55
96—100%	24
101% or over	7
No record	4
	<hr/>
	488
	<hr/>

This is an encouraging result in that only five patients had haemoglobin readings in the 66—70% range and in four of these the haemoglobin was 70%. All five subsequently received increased iron therapy and one was also given folic acid. All had normal deliveries, with no tendency to haemorrhage.

The midwives have also been taking a very active part in a survey of urinary infection in pregnancy. This commenced in April and every patient booked for home confinement has three specimens of urine examined during pregnancy and once at the end of the puerperium. This survey, conducted jointly by the staff of the Health Department and the bacteriology department at the Churchill Hospital, will, it is hoped, provide details of the incidence of asymptomatic urinary infection in pregnancy and its importance to both mother and child.

3. City Antenatal Clinics

Only two attendances were made at the clinics for antenatal care, in neither case was the mother delivered at home.

The following table shows the blood tests performed for general practitioners and the number of doses of poliomyelitis vaccine which were given during the year.

Clinic	Blood tests at the request of general practitioners	No. of doses of poliomyelitis vaccine given
Headington ..	297	109
East Oxford ..	375	55
St. Aldate's ..	194	100
	866	264

The number of patients referred to the City antenatal clinics for the collection of blood samples had decreased so that it was decided to discontinue them at the end of the year. It was arranged that the patients should be referred for venepuncture to the pathology laboratories if their doctors did not wish to undertake this task. The midwives were instructed in the technique of collecting samples of capillary blood and it is planned that, from January, 1966, onwards the midwives, with the agreement of the general practitioner concerned, will take specimens for haemoglobin estimation during the later weeks of pregnancy and at the end of the puerperium.

4. Maternity Medical Service bookings

The distribution of bookings (of mothers delivered at home) under the Maternity Medical Service among doctors in practice in the City was as follows:—

40—49 cases	1 doctor
30—39 cases	—
20—29 cases	4 doctors
10—19 cases	16 doctors
5—9 cases	14 doctors
1—4 cases	16 doctors

The figures apply only to City cases, thus they do not represent the total Maternity Medical Service bookings of the doctors.

5. Work of the individual midwives

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives and medical students.

A second table gives an analysis of all domiciliary deliveries carried out during the year.

Table showing the work of individual midwives during the year

		Doctor present at delivery	Doctor not present at delivery	Mis- carriages	Total	Antenatal visits	Postnatal visits domiliary cases	Postnatal visits hospital cases	Total visits
Midwife A	} Group Practice 1	12	28	—	40	594	742	159	1,495
Deputy Supervisor									
Midwife B	} Group Practice 2	11	50	—	61	948	1,026	194	2,168
Midwife C		11	47	—	58	900	910	168	1,978
†Midwife D		9	24	—	33	557	660	115	1,332
‡Midwife E		2	11	—	13	253	237	35	525
Midwife F	} Group Practice 3	16	25	—	41	634	839	149	1,622
Midwife G		20	36	—	56	1,142	1,004	216	2,362
Midwife H	} Group Practice 4	14	62	—	76	1,182	1,783	226	3,191
Midwife I		2	41	—	43	733	913	92	1,738
§Midwife J	} Group Practice 5	18	24	—	42	708	851	102	1,661
Supervisor of Midwives		9	18	—	27	327	349	9	685
Part-time midwives	.. .. .	—	—	—	—	—	—	2,156	2,156
		124	366*	—	490	7,978	9,314	3,621	20,913

*This figure includes delivery of 2 County patients, one on Woodfarm Estate and the other on Slade Park.
† Appointed 21.9.65.
‡ Resigned 27.9.65.
§ Appointed 8.2.65.

6. Analysis of domiciliary deliveries

	Doctor present at delivery		Doctor not present at delivery		Total
	Primiparae	Multiparae	Primiparae	Multiparae	
Total cases	45	79	45	319	488
Live births	45	79	45	320	489
Still-births	—	—	—	—	—
Twin deliveries	—	—	—	1	1
Death of baby at home ..	—	—	—	—	—
Forceps deliveries ..	1	—	—	—	1
Emergency obstetric service	1	—	—	2	3
Baby transferred to hospital by "premature baby flying squad"	—	—	—	2	2
Baby transferred to hospital other than by "flying squad"	—	1	—	—	1
Mother and baby transferred to hospital	1	1	—	5	7
Anaesthesia and analgesia:—					
(a) Pethidine	35	46	30	169	280
(b) Gas-and-air	29	52	28	181	290
(c) Trilene	6	13	4	22	45
Antenatal care:					
(a) General practitioner and midwife	44	79	44	316	483
(b) Hospital booked emergencies	—	—	—	1	1
(c) None (emergencies) ..	1	—	1	2	4
Feeding at 14 days:—					
(a) Breast entirely ..	35	42	31	163	271
(b) Breast and bottle ..	3	3	2	8	16
(c) Bottle entirely ..	7	33	12	146	198
(d) Left district—unknown	—	—	—	1	1

Comments on the work of the midwives and on the details of domiciliary deliveries:

1. Total deliveries decreased (488 compared with 567 in 1964). There was a corresponding decrease in the number of antenatal and postnatal visits to domiciliary cases, whilst postnatal visits to patients discharged early from hospital reached a record level of 3,621.

2. There was no maternal death.

3. No still-birth or neonatal death occurred at home.

4. One pair of twins was delivered at home. Twins were undiagnosed prior to labour, but this was uneventful and they were nursed at home. Doctor was not present at delivery.

5. Doctors were present at 25% of deliveries compared with 23% in 1964 and 28% in 1963.

6. The forceps rate was again very low, namely 0.2%

7. It can be calculated from the figures that 56% of babies born at home were fully breast-fed at 14 days.

7. Patients booked for domiciliary delivery but transferred to hospital during labour

Despite thorough antenatal care and careful selection of mothers booked for delivery at home, it is inevitable that abnormalities will occasionally arise during labour. In Oxford, thanks to the unfailing co-operation of the hospitals, admissions of emergency cases can always be arranged without delay.

During the year the admission of 25 mothers occurred during labour. This represents 4.9% of mothers either delivered at home or admitted in labour compared with 6.7% in 1964 and 4.6% in 1963.

The reasons for admission together with the outcome were as follows:

<i>Abnormality</i>	<i>End result</i>		<i>No. of cases</i>
	<i>Delivery</i>	<i>Baby</i>	
Delay in 1st stage	Spontaneous	Survived	4
Delay in 1st stage	Forceps	Survived	3
Delay in 1st stage	Vacuum extraction		
	and forceps	Survived	1
Delay in 1st stage	Vacuum extraction	Survived	1
Delay in 1st stage	Caesarian section	Survived	1
Delay in 2nd stage	Forceps	Survived	7
Breech presentation	Caesarian section	Survived	1
? presentation	Caesarian section	Survived	1
Foetal distress	Spontaneous	Survived	1
Foetal heart not heard	Spontaneous	Stillborn	3*
Premature labour	Spontaneous	Survived	1
Raised blood pressure in labour	Spontaneous	Survived	1
			—
			25
			==

* These cases, involving perinatal deaths will be discussed in paragraph 11.

This result is most satisfactory and reflects the accuracy with which patients have been booked as suitable for home confinement.

8. Administration of pethidine

Pethidine was given in 199 cases in which the midwife was acting on her own responsibility (i.e. 54.6%). Corresponding figures for the last five years are as follows:—

1961	43%
1962	39%
1963	51.5%
1964	46.8%
1965	54.6%

Of the total 488 patients delivered at home, 280 or 57.4% received pethidine. This figure shows an increase in relation to 1964, when 48.8% of the total were given pethidine.

9. Inhalational analgesia

Gas-and-air is made readily available for every mother who wishes to receive it. Instruction in its use is given in the antenatal period unless the mother is familiar with the apparatus. During the year 60% of mothers were given this form of analgesia.

Trilene is also available for administration by midwives in suitable cases. Two sets were in use and trilene was administered on 45 occasions.

Inhalational analgesia was not given in 153 cases, investigation disclosed that it was withheld for the following reasons:—

Born before arrival of midwife	10
Rapid delivery, no time	3
Considered unnecessary	140
	<hr/>
	153
	<hr/>

Of the 140 cases in which gas-and-air or trilene were considered unnecessary, 72 patients received pethidine.

10. Parentcraft and relaxation cases

Parentcraft classes continue to be held. They were well patronised and are greatly appreciated. The midwives, health visitors and doctors all contribute to the success of the classes.

Preparation classes are organised by the Department of Physical Medicine, United Oxford Hospitals, and are held at the Radcliffe Infirmary and the Churchill Hospital. These are restricted to mothers (booked for home or hospital confinement) who are considered by their medical advisers to require this form of preparation.

The physiotherapy classes, combined with parentcraft classes, which were introduced at Blackbird Leys Health Centre in November, 1964, were continued. These were arranged jointly between the Oxford area supervisor of the National Childbirth Trust, the midwives and health visitors. They have proved most valuable and have been greatly appreciated by the women attending.

11. Perinatal deaths in connection with domiciliary midwifery

A full investigation of every still-birth and early neonatal death is undertaken so that an assessment of the factors contributing to this loss of infant life may be made.

The following categories are considered:—

- (1) Deaths at home—none.
- (2) Deaths of babies born to mothers booked for home confinement, but admitted to hospital as emergencies prior to delivery—3 still-births.

(a) This occurred in the third pregnancy of a twenty-one year old woman. She had had regular antenatal care and, apart from some anaemia in the last two months of pregnancy which quickly responded to treatment, no abnormalities were noted. At the thirty-seventh week, however, false labour occurred and continued for 24 hours. When true labour commenced three weeks later the foetal heart was found to be absent. The patient was transferred to hospital, where she was delivered of a stillborn male child which showed signs of early autolysis and old meconium staining. The placenta was slightly smaller than average and pale.

Comment: Probably unavoidable.

(b) This was the third pregnancy of a thirty-two year old woman who had had regular antenatal care and an uneventful pregnancy. Seven days after the expected date of confinement, however, the foetal heart was found to be inaudible. The patient was transferred to hospital where she was delivered three days later of a stillborn baby with a face presentation. At birth the cord was found to be tight around the child's neck. Post-mortem revealed a fresh still-birth and the cause of death was thought to be asphyxia due to cord strangulation during labour.

Comment: Unavoidable.

(c) This still-birth occurred in a thirty-two year old woman having her third baby. She had had regular antenatal care. At thirty-six weeks gestation an external version was performed to correct the breech presentation. The foetal heart was satisfactory after this version. A week later there was difficulty in hearing the foetal heart and ten days afterwards the patient was transferred to hospital for delivery in view of the presumed intra-uterine death. She was subsequently delivered of a still-born child showing marked maceration. Post-mortem revealed evidence of placental insufficiency.

Comment: Probably unavoidable.

- (3) Deaths of babies admitted to hospital after delivery at home—one.

This occurred following the second pregnancy of a twenty-eight year old woman in whom the antenatal period had been uneventful. Labour and delivery were normal although the onset of labour was 17 days after the expected date of confinement. The baby cried at once, but then

became cyanosed. A diagnosis of achondroplasia was made. The baby was transferred to hospital, where he died at the age of 15 hours. Post-mortem examination confirmed the diagnosis of achondroplasia and also revealed evidence of a considerable subdural haemorrhage due to laceration of the tentorium cerebelli and thoracic hypoplasia.

Comment: Unavoidable.

12. Emergency obstetric service

This service, operating from the Nuffield Maternity Home, has continued to provide valuable support to the domiciliary midwifery service. It was called upon four times during the year. This represents 0.82% of domiciliary deliveries requiring emergency treatment as compared with 2.3% in 1964 and 1% in 1963. This very low figure is, in a large part, a reflection of the high standard of selection of patients suitable for home confinement. Only one of the four patients had to be transferred to hospital.

Calls were made to the service for the following reasons:—

Retained placenta	1
Retained placenta and post-partum haemorrhage ..	1
Postpartum haemorrhage	2

The patient who had a retained placenta had a manual removal at home and did not require any further treatment. She had had a normal delivery after an uneventful pregnancy. It was considered that the emergency could not have been foreseen.

The patient with retained placenta and postpartum haemorrhage also remained at home. She too had had a normal pregnancy and delivery. A saline transfusion only was required and the placenta was delivered by fundal pressure. The obstetrician considered there was a possibility of a bicornuate uterus which might have caused the placenta to be retained and the haemorrhage. This could not have been foreseen.

The third patient had a postpartum haemorrhage which necessitated her admission to hospital. The pregnancy had been uneventful, but she was delivered of an undiagnosed breech presentation. Three hours after delivery the haemorrhage occurred. The patient was given a blood transfusion and transferred to hospital but was discharged the following day.

A fourth patient had a postpartum haemorrhage after a normal delivery and an uneventful pregnancy. The emergency obstetric service was called but the patient's condition was such as not to require any treatment.

All four patients made complete and uneventful recoveries.

13. Notification by midwives to the Local Supervising Authority

Despite the close partnership between doctor and midwife in the care of mothers delivered at home, the midwife is still obliged by the rules of

the Central Midwives' Board to fill in a "medical aid form" when she needs the help of a doctor.

This occurred on 99 occasions during the year (86 to domiciliary booked cases and 13 to cases discharged early from hospital). The reasons were as follows:—

(a) *Booked for delivery at home.*

Mother

(i) *During pregnancy*

Antepartum haemorrhage	..	..	..	..	3
? Pyelitis	..	..	..	..	1
					—
					4
					==

(ii) *In relation to labour*

Delay in 1st stage	..	..	..	..	4
Delay in 2nd stage	..	..	..	..	7
Prolonged 3rd stage	..	..	..	..	1
Breech presentation	..	..	..	..	1
? Cord presenting	..	..	..	..	1
Uncertain presentation	..	..	..	..	1
Maternal and foetal distress	..	..	..	..	1
Foetal distress	..	..	..	..	3
Foetal heart not heard in labour	..	..	..	..	2
Premature breech delivery	..	..	..	..	1
Episiotomy for suturing	..	..	..	..	5
Perineal tear	..	..	..	..	22
Raised blood pressure after delivery	..	..	..	..	1
Retained placenta	..	..	..	..	2
Postpartum haemorrhage	..	..	..	..	7
					—
					59
					==

(iii) *Lying-in period*

? Cystitis	..	..	..	..	..	1
Pain in shoulder	..	..	..	..	..	1
Phlebitis	..	..	..	..	..	5
Pyrexia	..	..	..	..	..	3
Uterine infection	..	..	..	..	..	1
						—
						11
						==

Baby

Achondroplasia	1
Respiratory distress	1
Cord bleeding	1
Convulsion	1
Discharging eyes	3
Dehydration	1
Cold and cough	1
Chest infection	1
Tense abdomen	1
Cold baby due to inadequate heating	1
	<hr/>
	12
	<hr/>

*(b) Discharged to care of midwife after delivery in hospital**Mother*

Acute abdominal pain	1
Phlebitis	2
Stitch abscess	3
Suppression of lactation	1
	<hr/>
	7
	<hr/>

Baby

Cerebral irritation	2
Discharging eyes	1
Septic lesions on scalp	1
Thrush	1
Vomiting, lethargy and jaundice	1
	<hr/>
	6
	<hr/>

14. Care of mothers discharged from hospital during the puerperium

During the year mothers were discharged to the care of the midwife before the 10th day on 682 occasions (compared with 700 in 1964 and 477 in 1963).

The reasons were as follows:—

Originally booked by midwife but hospital confinement arranged subsequently in view of complications arising during pregnancy	25
Originally booked by midwife but admitted to hospital during labour as a result of complications	24
To relieve pressure on hospital beds:—	
(a) Booked for early discharge	154

(b) Not booked for early discharge—

before 6th day	221
6th day or over	209

(c) Considered unsuitable for early discharge 25

Compassionate grounds 16

Mother discharged herself against medical advice 8

682

The scheme of planned early discharge of mother and babies commenced in April, 1964. This year was, therefore, the first complete year in which it was in operation. The midwives are asked by the hospital maternity departments to visit the mothers at home during pregnancy to determine the suitability of their domestic conditions for early discharge during the puerperium. The midwives' reports are sent to the hospital and to the general practitioner.

It can be seen from the table that, despite this planned system, far too many women are being discharged during the puerperium whose homes have not been assessed during the pregnancy. Twenty-five patients were discharged early who had been assessed as unsuitable for this. Considerable improvement in these figures is required in order to ensure that only those women for whom early discharge is suitable are so discharged. It is essential that the domiciliary midwives should have prior knowledge of the cases they may be required to nurse.

This problem has been discussed by the Maternity Liaison Committee and consideration is now being given as to the best way of effecting improvements.

The following table shows the number of visits paid by midwives in order to assess the suitability of home conditions for either a domiciliary confinement or early discharge and the result of the investigation:—

Source from which patient referred: <i>Reports</i>	Nuffield Maternity Home and Churchill Hospital Maternity Department	General practitioners	Total visits paid
Recommended for home confinement ..	29	144	173
Recommended for hospital confinement	—	190	190
Suitable for early discharge	268	—	268
Unsuitable for early discharge	137	—	137
Miscarried prior to visit	4	2	6
Left Oxford	9	6	15
	447	342	789

15. Postnatal care

Every effort is made to persuade mothers to attend the doctor providing maternity medical service for a postnatal examination. With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary cases. At the end of March, 1966, the position was as follows:—

Total confinements	..	..	..	..	488
Postnatal examinations carried out	..	..			431
Postnatal examinations not carried out				..	34
Unknown	..	..	..	..	9
Left Oxford	..	..	..	..	14
					<hr/>
					488
					<hr/>

Of the mothers in whom the result is known (albeit only according to their own statement) 90% had received postnatal examination.

16. Training School for Midwives

Part II pupil midwives from the Churchill Hospital continued to receive three months' training with the domiciliary midwives, all of whom are approved to act as teachers by the Central Midwives' Board. The pupils share the Central Nurses' Home at 39/41 Banbury Road, which is in charge of a warden/housekeeper.

In addition to their work on the district, pupils attend child welfare clinics, mothercraft classes and also antenatal sessions at doctors' surgeries. During the year, 35 pupils were admitted. The C.M.B. Part II examination was taken by 35 pupils, 33 of whom passed at their first attempt and one at her second attempt.

Pupils attended 444 deliveries on the district (included in the table of deliveries attended by domiciliary midwives).

17. Training of medical students in domiciliary midwifery

Medical students from the Radcliffe Infirmary attended 10 domiciliary deliveries during the year, as compared with 18 in 1964 and 19 in 1963.

18. Postgraduate education of midwives

One member of the staff attended the compulsory quinquennial postgraduate course.

Midwives and pupils attend lectures organised monthly by the local branch of the Royal College of Midwives. They also attended a lecture demonstration at the Radcliffe Infirmary on emergency resuscitation procedure.

In October one of the midwives commenced a part-time course of training for the Midwifery Tutors' Certificate; she will continue to attend this in 1966.

III. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and the Churchill Hospital Maternity Department. Births during the past seven years have been distributed as follows:—

Registered births of Oxford residents occurring in Oxford

	1959	1960	1961	1962	1963	1964	1965
Hospital deliveries	928 60%	914 60%	1115 67%	1129 63%	1239 68%	1308 70%	1288 73%
Domiciliary deliveries	613 40%	611 40%	552 33%	627 37%	589 32%	551 30%	487 27%

IV. Notifiable Infectious Diseases associated with Childbirth

(1) Opthhalmia neonatorum

During the year only two cases were notified. They occurred in institutional confinements.

(2) Puerperal pyrexia

Thirty-seven cases were notified during the year, all occurred in institutional confinements.

(3) Pemphigus neonatorum

No case of pemphigus neonatorum was notified during the year.

V. Maternal deaths

There were two maternal deaths and one death associated with pregnancy.

One death occurred in a nineteen year old unmarried girl who had received no medical care before, during or after delivery. The birth was concealed and the baby subsequently died. This was discovered after the death of the mother. The patient had an upper respiratory tract infection during what is now known to have been the puerperium. This infection was successfully treated but at what was thought to be approximately 28 days after delivery the girl collapsed whilst travelling on a bus and died on admission to hospital. Cause of death was pulmonary embolism due to a left femoral vein thrombosis as a result of pregnancy. This death might have been prevented if adequate attention during pregnancy, delivery and the puerperium had been sought.

The second maternal death occurred in a twenty-nine year old patient, having her second baby. She went into labour in hospital with the head high. The cause of death was amniotic embolism with secondary afibrinogenaemia. It would appear that, with two violent pushes, the head came down into the bag of forewaters, driving the liquor into the maternal circulation. Despite every effort at resuscitation it was impossible to prevent the fatal outcome.

Death due to carcinomatosis occurred in a thirty-three year old pregnant woman. She had a carcinoma of the breast which advanced rapidly in pregnancy.

VI. Family Planning

The City Family Planning Clinic, for patients with medical or social reasons for family limitation continues to function in the out-patient department of the Radcliffe Infirmary on Monday evenings. As in the previous two years, the reciprocal arrangement with the Family Planning Association continues whereby some City patients may obtain supplies and medical supervision at their nearest Family Planning Clinic.

Fifty-six new patients were referred during the year and by December the clinic register totalled 244. There were 348 attendances at the Radcliffe clinic and in addition 81 parcels of supplies were sent by post.

Source of new patients referred to Radcliffe and Blackbird Leys clinics

General practitioners	..	..	..	..	..	8
Health visitors	..	..	..	..	..	30
Clinic medical officers	..	..	..	..	..	3
Medical social worker	..	..	..	..	..	1
Transfers from Family Planning Association clinics	..					14
						—
						56
						==

Medical indications in new patients

(a) *Obstetric*

Multiple caesarean section	..	..	..	..	..	1
Recent miscarriage	..	..	..	..	..	1
Rhesus incompatibility	..	..	..	..	..	2
						—
						4
						==

(b) *Physical illness*

Bronchiectasis	..	..	..	..	..	1
Cerebral thrombosis	..	..	..	..	..	1
Thrombosis of vein of leg	..	..	..	..	..	1
Repair of diaphragmatic hernia	..	..	..	..	..	1
Disseminated sclerosis (husband)	..	..	..	..	..	2
Tuberculosis (husband)	..	..	..	..	..	1
Chronic peptic ulcer (husband)	..	..	..	..	..	1
						—
						8
						==

(c) Mental Illness

Schizophrenia	..	..	..	..	..	..	1
Depression	..	..	..	..	..	..	3
Psychiatric illness of husband			..	..	..	..	1
							<hr/> 5
							<hr/>

(d) Medical factors

Short birth interval	..	..	..	..	..	..	9
Grand multiparity	..	..	..	..	..	..	7
							<hr/> 16
							<hr/>

(e) Social factors

Overcrowded home (immigrants)	..	..	..	..	..	..	5
Very young mother	..	..	..	..	..	..	2
Return of husband from prison			..	..	..	..	1
Marital discord	..	..	..	..	..	..	5
Social instability	..	..	..	..	..	..	8
Problem family	..	..	..	..	..	..	2
							<hr/> 23
							<hr/>

During the year, 60 patients were discharged for the following reasons:

No longer wished to attend	..	..	..	..	..	..	5
Medical reasons no longer valid	..	..	..	..	..	..	3
Failure to co-operate	..	..	..	..	..	..	1
Death of patient	..	..	..	..	..	..	1
Death of husband	..	..	..	..	..	..	1
Legal separation	..	..	..	..	..	..	1
Ligation of fallopian tubes	..	..	..	..	..	..	2
Hysterectomy	..	..	..	..	..	..	2
Menopause	..	..	..	..	..	..	2
Discharge to care of general practitioner	..	..	..	..	..	..	6
Transferred to Family Planning Association clinic					..	..	21
Left the district	..	..	..	..	..	..	15
							<hr/> 60
							<hr/>

Comments**Cervical cytology**

Ninety smears have been taken for cytological screening, of these, 30 were requests from individuals, prior to the inception of the comprehensive cytology service in March of this year.

Teaching sessions

Four group discussions were held for the instruction of student health visitors during the autumn. A small number of medical students attended the clinic on various occasions during the year.

Domiciliary visits

During the last quarter of the year, the family planning service for patients with medical grounds for family limitation was extended by including a limited amount of home visiting. It was hoped that the mothers of problem families who most needed to limit their family's size, but had in the past for various reasons not profited from advice, might be reached by this method. General practitioners, health visitors, and those dealing with problem families were asked to refer any such over-burdened families to one of the staff at the City clinic, and 14 were visited, 10 at the request of the health visitor, 3 at the request of the general practitioner and 1 at the request of the co-ordinating committee, 33 follow-up visits were made.

It is too early to assess the value of these domiciliary visits, but this method seems to offer the only hope of altering the future size of problem families who persistently refuse to use the normal clinic service.

The following case histories demonstrate the type of family this domiciliary service is trying to help:—

1. Problem family, both parents having been in a residential establishment for mental subnormals and well known to the co-ordinating committee. Five children born since 1961. Wife agreed to try the pill, but will not attend the clinic.
2. Mother of 12 children who used to attend the Family Planning clinic, but gave up after repeated failures with the older methods of planning and is only reluctantly agreeing to try the pill after repeated domiciliary visits.
3. Mother of 6 children with severe mental disturbance after her last delivery resulting amongst other difficulties in refusal to attend clinics.

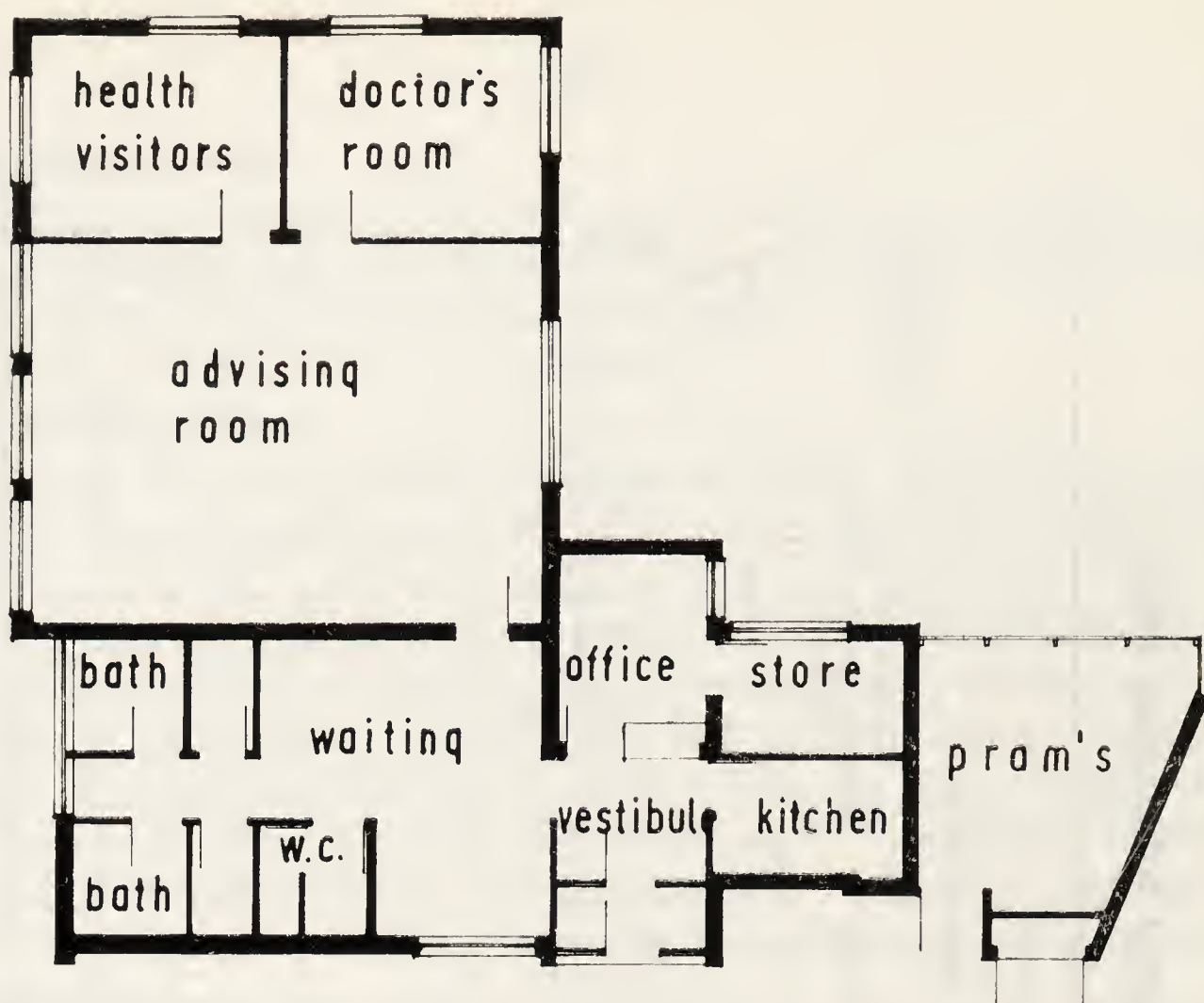
B. CHILD WELFARE

1. Premature babies

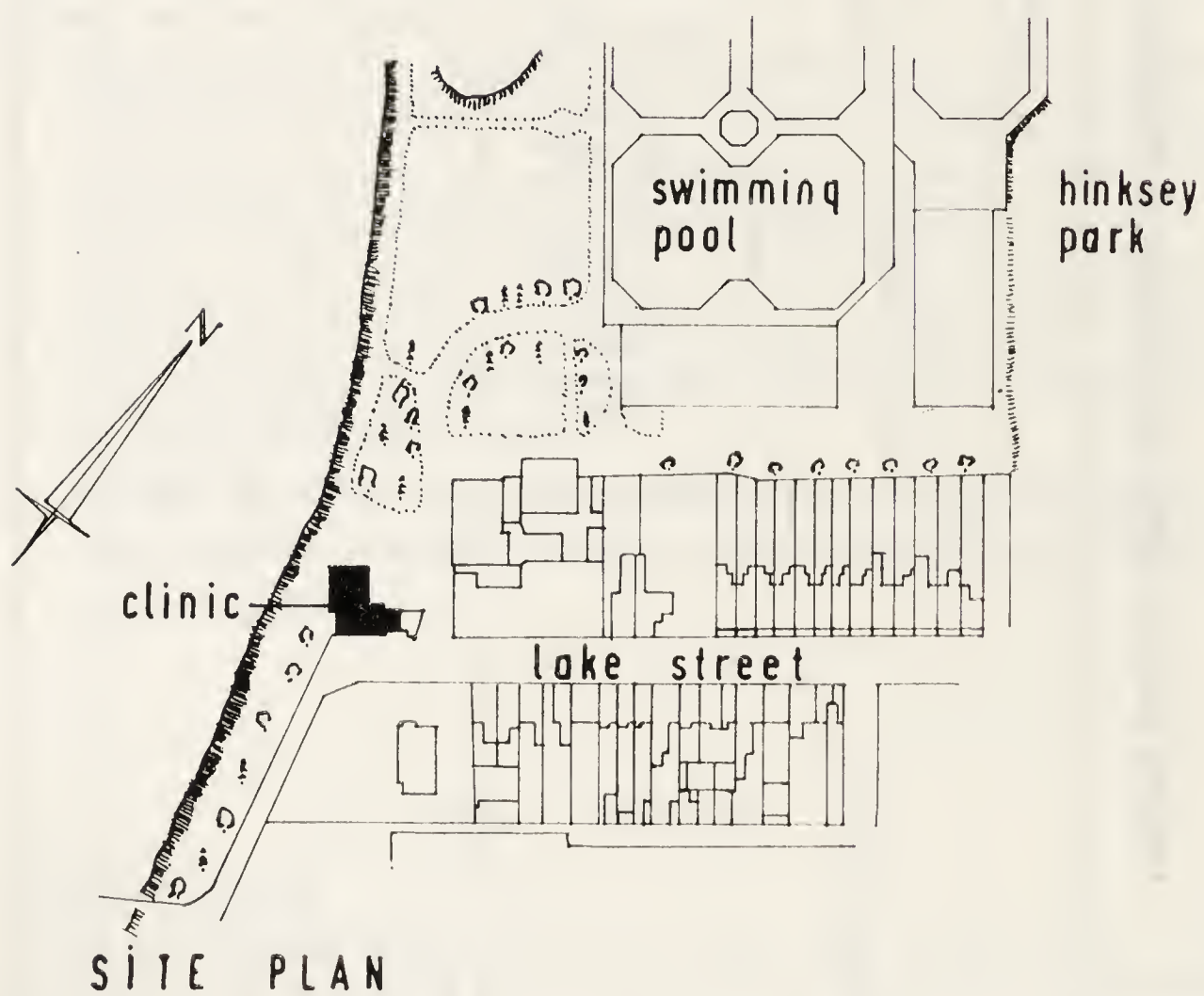
Birth notifications included 101 live born and 11 still-born infants weighing $5\frac{1}{2}$ lbs. or less, and were subsequently classified as premature. These are notified births corrected for inward and outward transfers. (Corresponding figures for 1964 were 126 live births and 21 still-births). They are classified according to weight, place of birth and survival in the accompanying table.

Weight, place of birth and survival of premature babies (corrected notifications 1965).

PREMATURE LIVE BIRTHS															
Weight at birth	Born in hospital						Born at home						Premature stillbirths		
	Total births			Died			Nursed entirely at home			Transferred to hospital on or before 28th day				Born	
	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home			
2 lb. 3 oz. or less ..	3	1	—	—	—	—	5	1	—	—	—	—			
2 lb. 4 oz.—3 lb. 4 oz. ..	4	—	—	—	—	—	4	—	—	—	5	—			
3 lb. 5 oz.—4 lb. 6 oz. ..	13	2	—	—	—	—	13	—	—	—	2	—			
4 lb. 7 oz.—4 lb. 15 oz. ..	20	1	—	—	—	—	20	1	—	—	1	—			
5 lb. —5 lb. 8 oz. ..	49	—	—	—	—	—	49	4	—	—	1	—			
Total ..	91	4	—	—	—	—	91	5	—	—	5	11			



PLAN



SITE PLAN

CHILD WELFARE CLINIC



SOUTH OXFORD CLINIC EXTENSION, LAKE STREET

Comments

(i) The 101 live-born premature babies represent 5.8% of the 1,737 notified live births to Oxford residents.

(ii) Eleven of the 20 notified still-births to Oxford residents were premature.

(iii) As the result of careful selection of cases for domiciliary delivery, together with emergency admission to hospital of a mother going into premature labour unexpectedly, only a small number of premature births take place at home. If admission of a premature baby after birth is indicated, the "Premature Baby Flying Squad" is available at the Nuffield Maternity Home to transport it. Premature babies remain in hospital until they are well established.

Reference to the table shows that of the 101 premature births only 10 took place at home. Of these 5 were admitted to hospital, 4 of whom survived 28 days. The 5 nursed at home all survived 28 days. Of the whole group of 101 premature babies 86 (or 85%) survived 28 days.

(iv) The arrangements made with the Paediatric Department, Radcliffe Infirmary, for sharing the follow-up of the normal larger premature babies continued satisfactorily throughout the year. This involves ensuring that the babies receive their extra dosage of vitamin supplements and their iron, supervising their general progress, carrying out routine haemoglobin estimations and sending reports at the end of one and two years to the paediatric department.

2. Child Welfare Clinics

(a) Staff

Each clinic is staffed by a medical officer, one or more health visitors and a number of voluntary workers, who give regular and valuable help with clerical work, weighing of babies and the distribution of welfare foods.

The medical staff is composed as follows:—

Full-time staff of the Health Department	..	..	14 sessions
			per week
Part-time staff of the Health Department (not in			4 sessions
general practice)	..	..	per week
General practitioners	..	..	12 sessions
			per week

(b) Attendances

The attendances at clinics during the year are shown in tabular form. An attendance is recorded only if a child comes for advice, weighing or to see the doctor. Thus attendances merely for obtaining National Welfare Foods are excluded.

Public appreciation of the clinics is shown by the number of City children under 1 year who attended City clinics for the first time during the year. This represents 99% of the total registered live births.

	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	No. of attendances made by children who at their first attendance were			Total attendances	Number of Sessions	Average attendances
		1965	1964	1963-60		Under 1 yr.	1 but under 2 yrs.	2 but under 5 yrs.			
Bury Knowle, Headington	87	81	72	104	257	963	204	289	1,456	52	28.00
Bury Knowle, Headington (General Practice clinic)	88	79	87	90	256	1,210	253	228	1,691	51	33.16
Barton	70	66	67	89	222	1,021	226	141	1,388	52	26.69
Cowley	83	83	98	132	313	1,092	348	252	1,692	48	35.25
Cowley (General Practice clinic A)	49	44	43	53	140	756	143	175	1,074	51	21.06
Cowley (General Practice clinic B)	74	60	59	82	201	956	120	255	1,331	52	25.59
East Oxford (2 clinics weekly)	185	144	172	141	457	2,219	664	312	3,195	100	31.95
New Hinksey	97	90	74	131	295	1,395	353	303	2,051	51	40.21
St. Ebbe's	76	66	71	87	224	910	190	150	1,250	55	22.73
Summertown (2 clinics weekly)	188	169	143	197	509	2,052	440	334	2,826	103	27.44
Summertown (General Practice clinic)	80	71	76	112	259	948	289	245	1,482	52	28.88
Slade Park (2 clinics weekly)	80	68	98	159	325	1,354	338	449	2,141	103	20.79
New Marston	59	53	60	56	169	927	210	196	1,333	52	25.63
Wolvercote	32	32	35	57	124	537	166	141	844	52	16.23
Donnington (2 clinics weekly)	138	126	117	161	404	1,743	477	367	2,587	103	25.12
Donnington (General Practice clinic)	64	62	64	77	203	726	226	100	1,052	52	20.23
St. Barnabas	45	45	65	78	188	796	235	251	1,282	48	26.70
St. Barnabas (General Practice clinic)	61	46	35	54	135	727	190	155	1,072	52	20.61
Northway	48	48	54	97	199	780	230	170	1,180	52	22.69
Rose Hill Community Centre	34	27	50	43	120	425	187	130	742	52	14.23
Blackbird Leys	71	67	102	167	336	866	309	302	1,477	52	28.40
Blackbird Leys (General Practice clinic A)	38	38	61	19	118	612	277	391	1,280	51	25.10
Blackbird Leys (General Practice clinic B—2 clinics weekly)	113	104	162	325	591	1,608	506	524	2,638	104	25.36
217 Iffley Road (General Practice clinic)	48	48	47	65	160	692	213	198	1,103	52	21.21
12 Old High Street, Headington (General Practice clinic)	48	48	62	103	213	486	193	203	882	52	16.96
	1,956	1,765	1,974	2,679	6,418	25,801	6,987	6,261	39,049	1,544	25.29

The following figures indicate the attendances made by children (included in the above table) who lived in the County. The majority of the children attended the Slade Park and Barton clinics. Oxfordshire County Council contributed on a proportional basis to the running expenses of these clinics.

115 119 120 127 270 205 961 9165

Comparable figures for the last five years are as follows:—

1961	99%
1962	99%
1963	98%
1964	98%
1965	99%

Comparing the clinic attendances with those for last year, it will be seen that the total attendances decreased by 1,373 but the number of children attending increased by 20.

The number of sessions held during the year numbered 1,544. One of the two clinic sessions at St. Ebbe's was discontinued in February. A weekly session is now held there on Tuesday afternoons. In January one of the sessions at Temple Cowley was re-arranged as a practice clinic. By the end of the year 30 regular sessions were being held, 12 of which were for practice patients only, and attended by the general practitioners concerned. The proportion of clinic sessions undertaken by family doctors and restricted to practice patients has risen from 21% in 1962 to 40% last year. There are advantages in this preventive work being undertaken by interested family doctors, and payment on a sessional basis serves as a useful inducement and a just reward. It is hoped that this policy will gain even more general support wherever the numbers of children attending a clinic from one practice can justify the introduction of a separate clinic for them.

There was no change of premises during the year, but plans for a clinic extension at the rear of the St. Barnabas library and slipper baths have been approved.

(c) *Medical work at clinics*

The medical officers continued to keep a record of their work. There were 1,544 sessions at which a doctor was present and altogether children under 5 years of age were seen by a doctor on 21,073 occasions.

The following table gives a summary of the reasons for which they were seen by a doctor:—

Vaccination against smallpox (performance or follow-up)	2,368	} 51%
Triple antigen injections	4,974	
Other prophylactic injections	501	
Poliomyelitis vaccination	4,123	
Routine medical examinations—		
Initial	1,688	} 20%
1st year	1,213	
2nd year	784	
3rd year	582	
4th year	355	
Consultation in relation to a problem	5,337	} 29%
Follow-up of consultation	1,661	

(An individual consultation may figure in more than one category; for example a child may come for a routine medical examination and be vaccinated at the same time).

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

	<i>Consultation</i>	<i>Follow-up</i>
Problems related to feeding and weight gain (ex-		
cluding cases due to physical illness)	722	339
Fitness for prophylactic procedures	616	30
Physical illness	2,547	439
Physical defects (including sensory)	523	725
Psychological disturbance	164	42
Developmental progress	227	45
Prematurity	40	71
Mother's health	360	20
Miscellaneous	442	101
	<hr/>	<hr/>
	5,641	1,812
	<hr/>	<hr/>

The following table shows the number of children referred elsewhere for treatment:—

Family doctors	195
*Orthopaedic department	7
*Eye Hospital	11
*Other hospital departments	48
	<hr/>
	261
	<hr/>

*In these cases the family doctor is always informed of the referral and the consultant's findings.

Comments

There was some reduction in the number of occasions on which children were seen by a clinic medical officer as compared with the previous year. There was also a slight reduction in the number of triple antigen injections given. The number of smallpox vaccinations again increased, a reflection of the remaining children who were affected by the change in policy regarding age of vaccination which occurred in 1963.

The number of routine medical inspections increased again this year, whereas the number of children for whom consultations and follow-up examinations were necessary decreased. This is a satisfactory trend since it reflects the changing pattern of welfare clinic work, with increased emphasis on developmental examinations whereby any abnormalities

may be detected at a very early age. This trend is also evident in the decrease in the number of children for whom the mother sought the advice of a doctor on matters concerning physical illness and problems of feeding. Emphasis is placed rather on the "well baby" examination, whilst the health visitor is increasingly concerned in advising the mothers on problems such as feeding and weight gain.

The number of children referred elsewhere for treatment shows a slight decrease, but only in the numbers referred to family doctors. This is a result of an increase in the number of family doctors undertaking child welfare clinic work.

Tuberculin jelly testing

Throughout the year routine jelly testing was carried out at each birthday examination, except in children who have been given B.C.G. because of contact with known cases of tuberculosis. Positive reactions were found in 0.42% of the children tested.

Figures for the last ten years are as follows:—

1956	0.12%
1957	0.12%
1958	0.06%
1959	0.13%
1960	0.29%
1961	0.42%
1962	0.33%
1963	0.22%
1964	0.28%
1965	0.42%

The following table shows the tests performed during the year:—

	Under 1 year	1 year	2 years	3 years	4 years	Total
Negative reaction ..	27	888	580	392	246	2,133
Positive reaction ..	—	4	1	2	2	9
Totals	27	892	581	394	248	2,142

Comments

Mantoux or Heaf tests were undertaken in all 9 cases, and in 3 gave confirmatory evidence of tuberculous infection. This gives a rate of 0.14% of confirmed positive reactions compared with 0.16% last year. The remaining 6 cases were dismissed as false positive jelly tests. The value of the tuberculin jelly test has again been confirmed. This simple procedure has brought to light three children requiring anti-tuberculous therapy at a time when these children were still symptom-free.

Notes on confirmed positive reactors

Case 1.

Boy aged 1 year. This child had no symptoms, but an X-ray of the chest showed a definite left primary complex, for which chemotherapy was given. His sister, aged 3 years had enlarged cervical glands and a positive Heaf test. She also received anti-tuberculous therapy at home. Contact tracing showed that the children's father had tuberculous changes in the lungs. He received treatment in hospital for one month and was then discharged, to continue treatment at home.

Case 2.

Boy aged 4 years. This child had no clinical evidence of tuberculosis, but in view of his age anti-tuberculous therapy was instituted. A paternal uncle had had tuberculosis 20 years previously and was still under observation. This uncle had spent a holiday with the family in Oxford a few months before the positive tuberculin test was discovered. No other contact was found.

Case 3.

Boy aged 2 years. The positive tuberculin test was confirmed in the U.S.A. since the family left the country immediately after the first tuberculin test. Chemotherapy was started in America. Five months later the child was again seen at the Chest Clinic. X-ray showed no obvious lesion, but chemotherapy was continued. No family contacts were traced, although a cousin was thought to have a positive skin test. A friend who had visited the family twelve months previously had had tuberculosis, but further efforts to trace the source of infection was unsuccessful.

Loan of test feeding scales

Accurate scales are loaned to mothers with breast-feeding problems for use at home at the request of general practitioners, clinic doctor, health visitor or midwife. This occurred on 65 occasions during the year.

(d) Food and medicaments

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child welfare clinic except St. Ebbe's clinic, which is served by the nearby central centre.

We are extremely fortunate in having the services of voluntary workers who carry out the exacting tasks of distribution at the clinics.

The number of items distributed during the year (with last years' figures for comparison) were as follows:—

	At Health Department		At Clinics		Total	
	1964	1965	1964	1965	1964	1965
Tins of National Dried Milk	8,458	7,889	24,776	25,367	33,234	33,256
Bottles of National Cod-liver Oil Compound...	488	507	2,428	2,345	2,916	2,852
Bottles of Concentrated Orange Juice ...	8,662	8,280	28,444	28,787	37,106	37,067
Packets of Vitamin and Mineral tablets ...	739	551	1,511	1,165	2,250	1,716
	18,347	17,227	57,159	57,664	75,506	74,891

These figures do not include items issued to hospital and other institutions.

Every effort is made by clinic doctor and health visitors to ensure a vitamin intake which is adequate on the one hand, and not excessive (in view of the danger of hypercalcaemia), on the other. Ascorbic acid tablets are available if there is an intolerance to concentrated orange juice and the alternative proprietary preparations, and where families are in poor financial straits. These and Vitamin A and D drops are also given routinely to premature infants without charge.

(e) Teaching.

Medical students from the Radcliffe Infirmary, during their paediatric training attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. The visits are preceded by two lectures on infant feeding given by the Senior Assistant Medical Officer for Maternity and Child Welfare.

General practitioners attending post-graduate courses organised by the Post-Graduate Medical School also attend child welfare clinics.

Student health visitors, pupil midwives and student district nurses attend for instruction in child care.

Opportunity for discussing problems and keeping in touch with current paediatric practice is provided by the postgraduate paediatric ward rounds which medical officers may attend on Friday afternoons.

Clinic medical officers attended the orthoptic department at the Radcliffe Infirmary where a talk and demonstration on squint in children had been arranged.

Medical officers and health visitors also received a revision lecture/demonstration on screening tests for deafness in young children.

3. The Early Diagnosis of Deafness

The early diagnosis and treatment of deafness is of the utmost importance for normal speech development and for the prevention of

psychological disturbance. Health visitors are responsible for ensuring that children in their care are screened for possible impairment of hearing between 7—12 months of age. Children with suspected deafness are referred to the clinic medical officer for confirmation and hospital referral if necessary.

During the year health visitors tested 1,272 children aged 7—12 months and 58 over twelve months. One child in the younger age group, who failed to respond to the screening test, was referred for otological consultation and was issued with a hearing aid. Six children in the older age group were referred for further investigation. A two year old child was found to be deaf in both ears and was fitted with a hearing aid. Another child required tonsillectomy and adenoidectomy and one child required adenoidectomy for conductive deafness. Two of the six children required no treatment and the sixth child is being kept under observation by the E.N.T. Department.

4. Register of Handicapped Pre-school Children

Since June, 1954, the Senior Assistant Medical Officer for Maternity and Child Welfare has kept a register of handicapped pre-school children. Initial notification is done by the health visitor and the progress and needs of each case are discussed at intervals by the Senior Assistant Medical Officer and the health visitors concerned. It is hoped that in this way the Department's contribution to providing support for the parents of the children can be ensured.

Information about the children is passed to the School Health Service or to the Mental Welfare Section when it becomes apparent that some special action will have to be taken. In this way it is hoped to ensure that no handicapped child reaches school age without previous assessment of his special needs.

There were 68 children on the register at the end of the year. Twenty-nine new cases were registered, the nature of the handicap was as follows:—

Mental retardation or disease	..	..	..	14
Congenital abnormalities or disease	..	..	..	10
Deafness	..	..	..	2
Other	..	..	..	3

There were 66 children receiving adequate care at home. Two of them attended the Training Centre, 2 were daily attenders at the Park Hospital and 3 attended the Spastic Day Centre. Two children were away from home at the Special Unit, Marlborough Convalescent Home. No handicapped child died during the year.

5. Notification of Congenital Abnormalities

The notification to the Registrar General of all congenital abnormalities observable at birth has continued according to the scheme which commenced on 1st January, 1964.

The total number of infants notified was 32, an incidence of 18.3 malformed infants per thousand total births. The number of abnormalities present was 35, an incidence of 20.0 abnormalities per thousand total births. These abnormalities occurred in 14 live-born and 2 still-born male infants and in 14 live-born and 2 stillborn female infants. Seven of the infants were delivered at home.

Five of the infants were premature, one died in the neonatal period. The distribution of the abnormalities was as follows:—

Central nervous system	..	..	..	..	5
Eyes and ears	..	..	..	..	2
Alimentary system	..	..	..	..	5
Heart and great vessels	..	..	..	..	—
Respiratory system	..	..	..	..	—
Uro-genital system	..	..	..	..	1
Limbs	..	..	..	..	12
Other skeletal	..	..	..	..	1
Other systems	..	..	..	..	3
Other malformations	..	..	..	..	6
					—
					35
					==

The age and parity of the mothers are shown in the following table:—

Age	Parity									Total
	0	1	2	3	4	5	6	7	8	
15—19 years	4	2	—	—	—	—	—	—	—	6
20—24 years	2	3	3	—	—	—	—	—	—	8
25—29 years	—	—	3	—	2	—	—	1	—	6
30—34 years	—	2	4	2	—	1	1	—	—	10
35—39 years	—	—	—	1	—	—	—	—	—	1
40—44 years	—	—	—	—	—	—	—	—	1	1
	6	7	10	3	2	1	1	1	1	32

6. Infant Deaths

CAUSES OF DEATH	WEEKS				Total	MONTHS				Grand Total	Died in Institutions
	0-1	1-	2-	3-4		1-	3-	6-	9-12		
Prematurity	5	—	1	—	6	—	—	—	—	6	6
Prematurity, respiratory distress syndrome	5	—	—	—	5	—	—	—	—	5	5
Prematurity, respiratory distress syndrome, intracranial haemorrhage	1	—	—	—	1	—	—	—	—	1	1
Prematurity, hydrops foetalis	1	—	—	—	1	—	—	—	—	1	1
Prematurity, paralytic ileus	—	—	1	—	1	—	—	—	—	1	1
Prematurity, intracranial haemorrhage	2	—	—	—	2	—	—	—	—	2	2
Congenital malformations	3	—	1	—	4	—	—	—	—	4	4
Congenital malformations, cerebral anoxia	1	—	—	—	1	—	—	—	—	1	1
Intracranial haemorrhage, anoxia	1	—	—	—	1	—	—	—	—	1	1
Hydrops foetalis	1	—	—	—	1	—	—	—	—	1	1
Hydrocephalus	1	—	—	—	1	—	—	—	—	1	1
Hydrocephaly, neuroblastoma	—	—	—	—	—	1	—	—	—	1	1
Microcephaly	—	—	—	—	—	—	—	—	1	1	1
Acute virus pneumonia	—	—	—	—	—	—	1	—	—	1	1
Acute bronchiolitis	—	—	—	—	—	1	—	—	1	2	1
Renal vein thrombosis	—	—	—	—	—	—	1	—	—	1	1
Unknown	1	—	—	—	1	—	—	—	—	1	—
	22	—	3	—	25	2	2	—	2	31	29

Comments

There were 31 infant deaths during the year, 2 of them occurring at home. This represents an infant mortality rate of 17.17 as compared with the national figure of 19.0.

Twenty-two or 71% of these deaths occurred in the first week of life.

Prematurity was the sole recognised factor in 6 of these neonatal deaths and was a contributory factor in a further ten. Congenital malformations were present in 6 infants who died in the neonatal period.

One full-term infant died within twenty-four hours of birth as a result of intracranial haemorrhage. An open verdict was recorded at the Inquest on the death of one infant whose birth had been concealed and whose mother had died. One full-term infant died within a few hours of birth as a result of severe haemolytic disease.

Six children died in the post neonatal period. One child had microcephaly and died at the age of nine months. Another developed hydrocephalus as a result of a neuroblastoma and died aged two months. Three infant deaths resulted from acute chest infections. One of these occurred at home. A six month old child died as the result of a ruptured liver and thrombosis of the inferior vena cava and renal vein. The cause of this was not determined.

Prematurity and congenital malformations were directly responsible for or major contributory factors in 70.9% of these infant deaths. Further research into the causes and means of prevention of these conditions should result in a reduction in this loss of infant life.

7. Nurseries

(a) Day Nurseries

The two day nurseries continued to admit children under the age of three years who cannot be cared for adequately by their mothers owing to some special hardship.

The decision to admit a child is the responsibility of one of the assistant medical officers who investigates the case fully and sanctions admission only if it is considered to be in the best interest of the child.

Reasons for admission of new children were as follows:—

			<i>Botley Road</i>	<i>Florence Park</i>
Doctor's recommendation	..		8	4
Illegitimate children	..	..	12	19
Illness of parent	..	..	8	4
Parents separated	..	..	4	7
			—	—
			32	34
			==	==

Details of attendances and staff during the year are given in the following table:—

	No of places available at end of year	No. of admissions during year		No. on register at end of year		Average daily attendance		Number of staff at end of year
		Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	
Botley Road	30	18	14	12	15	9.48	13.21	4
Florence Park	30	27	7	15	16	11.73	10.68	4

Comments

The nurseries are visited weekly by the same assistant medical officer of health who supervises the health and welfare of the children, and, with written consent of the mother, carries out any prophylactic procedures which may be advisable.

The maximum charge for a child's maintenance at the nursery was 15/- per day. Parents are assessed according to income, subject to a minimum charge of 2/- per day.

The following table shows the assessments for children on the register at the end of the year.

<i>Assessed to pay</i>	<i>Botley Road</i>	<i>Florence Park</i>
15/- per day (maximum)	4	6
10/- to 5/6 per day	6	—
5/- to 2/6 per day	4	10
2/- per day (minimum)	10	12
*Children from other local authorities ..	3	3
	—	—
	27	31
	==	==

*In these cases the County authority is responsible for payment of full cost.

Both nurseries provide facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

(b) Nurseries and Child Minders Regulation Act, 1948.

Details of registration under the Act are shown in the following table:

	Number registered at 31.12.65	Number of children pro- vided for
Premises	7	185
Daily minders ..	4	45

(c) Save the Children Fund Playgroups

The Playgroup at Slade Park has consolidated its early success of the previous year. Twenty-two children were on the register at the end of the year and a further ten were on the waiting list for admission. An average of 14 children attended daily throughout the year. As an extension to the children's group a mother's evening was started. Further details of this will be found in the Health Education section of this report.

In September this year a similar playgroup was started at the East Oxford clinic, again under the auspices and with the financial help of the Save the Children Fund. One of the aims of this playgroup was the promotion of racial integration and the Oxford Committee for Racial Integration gave their help in establishing the group. Two organisers are employed, supported by a team of voluntary workers and the group is held for two hours three afternoons a week. Thirty children were on the register at the end of the year, the average daily attendance was 20.

These playgroups, for the 2 to 5 year olds have been most popular with the children and parents. They are attended mainly by the underprivileged child whom the health visitors have suggested should attend. The improvement in their physical well-being, their sociability and happiness after only a few weeks at the playgroups are most gratifying. At the East Oxford clinic children from Pakistan, Persia, the West Indies, Spain, Germany, Sudan, Mauritius and the United Kingdom play happily together, with no language barriers.

8. Co-ordinating Committee for Children Neglected or Ill-treated in their Own Homes

The Committee, under the Chairmanship of the Children's Officer, met every six weeks during the year. Discussions took place in relation to 47 families. In addition case conferences of the individual workers concerned, including the family doctor and health visitor, were held on a number of occasions.

It is the general opinion of the officers concerned that there is a definite value in their regular personal contact, in the pooling of information and in the agreement which is reached as to the action to be taken about the families discussed.

9. Adoption Act, 1958 (Dr. Blenkinsop)

There has been a sharp rise in the number of children examined prior to placement for adoption; namely 47 on behalf of the Children's Department (28 last year) together with 8 for the Moral Welfare Association as agent for the Church of England Children's Society. A number of babies were seen on more than one occasion either to assess progress or to give the medical certificate required at the Court hearing. Several defects were detected, the two most serious being congenital heart disease in one baby and the presence of epileptiform attacks in another.

The medical assessment of young babies requires considerable skill and patience. Adequate time is therefore essential for each examination and it is customary to spend at least half an hour, and frequently three-quarters of an hour or longer, observing and examining the child concerned. Only by this means is it possible to give the correct information about the child that prospective adopters are entitled to expect. At the examination it is essential to be aware of all details of the pregnancy, the child's birth and neonatal period, and in this connection the co-operation shown by the Paediatric Department of the Radcliffe Infirmary in completing the enquiry forms which were introduced during the year is greatly appreciated.

A doctor from the Health Department serves on the Adoption Sub-Committee of the Children's Department in order to advise on the medical aspects of prospective adopters. This frequently entails writing to family doctors and specialists to enquire into the health of prospective adopters in order to ensure as far as possible that they are suitable both physically and mentally to adopt a child.

In April a meeting of the medical group of the Standing Committee of Societies Registered for Adoption was attended in Folkestone. This proved to be a meeting of considerable interest and provided a further insight into the complicated but fascinating problems of adoption.

10. Care of Illegitimate Children

There were 225 registered illegitimate live-births to Oxford residents. This represents 12.46% of all live-births, compared with 11.7% in 1964. Of the 207 illegitimate births which occurred in the City, there were 69 cases in which the father and mother registered the birth together.

Two special services are provided by the City Council to help the unmarried woman without support.

(i) Mother and Baby Hostel

Mothers are admitted at the request of a social worker when the need arises, either in pregnancy or after the baby is born. They stay until they have had an opportunity, with the help of the social worker, to decide a considered rather than a hurried plan for the baby's future. In the meantime they can go out to work when fit to do so.

When vacancies occur cases are admitted from other local health authorities, who are responsible for the full cost of maintenance. In fact 28 such cases were admitted.

There is an annexe, consisting of a single room with toilet facilities, which is intended for overnight emergency accommodation for a homeless woman with or without a baby. There were 5 admissions to the annexe during the year.

Admissions and discharges (excluding the annexe) were as follows:—

	<i>Admissions</i>	<i>Discharges</i>
Mothers	50	49
Babies	24	26

The average length of stay was as follows:—

Antenatal	34 days
Postnatal	32 days

The disposal of the 20 City mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, resident post, marriage, etc.) ..	11
Mother to domestic post, baby to residential nursery pending adoption	1
Mother to complete nursing training, baby to residential nursery ..	1
Mother to own home, baby taken into care by Children's Department	5
Mother to own home, baby to foster home	2
	—
	20
	==

(ii) Provision of a special social worker

The City Council pays an annual grant to the Oxford City Moral Welfare Association (£400) for the services of their moral welfare worker, who works in co-operation with the Health Department and attends the monthly meetings of the House Committee which administers the hostel. We are grateful for the following report submitted by the worker, Miss C. C. Holman:—

“A total of 90 new cases were referred to me of which 79 were illegitimacy problems, 5 preventive cases, 5 family problems and one personal problem. Fifty additional cases were carried over from previous years, of which 3 were preventive, 5 family and one personal, the rest being illegitimacy cases.

Referrals of new cases were from the following sources:—

General practitioners	23
Health Department	21
Relatives and friends and personal application ..	17
Medical social workers	4
Moral welfare workers	4

and smaller numbers from the National Council for the Unmarried Mother and her Child, Citizens' Advice Bureau, Police, Employer, National Assistance Board, Information Centre, Family Planning clinic, Probation Officers, Church workers and various Social workers.

Analysis of illegitimacy cases

Ages of expectant mothers or mothers at the time of referral were:—

15 years	..	..	..	2
16 years	..	..	..	5
17 years	..	..	..	10
18 years	..	..	..	5
19 years	..	..	..	12
20 years	..	..	..	10
21—30 years	..	..	..	30
Over 30 years	..	..	..	5

Five were married women, one divorced and the rest single. Two were Irish, 2 Italian, one Yugoslavian and the rest British, including 7 West Indians. Forty-three had been Oxford residents for some time past, 36 were living in lodgings and working or studying in Oxford.

The putative fathers

In the 79 new cases, I was able to make contact with 37 of the men named as fathers. In addition contact is maintained with a number of fathers involved in cases referred in earlier years. I have continued the policy of encouraging mothers to apply for affiliation orders when possible rather than settling maintenance privately. However, when the baby is to be adopted it seems wiser to negotiate some informal short-term payments to help the mother cover expenses.

Analysis of the situation of the children concerned in the old and new illegitimacy cases at 31.12.65

Baby actually in mother's care	..	..	..	..	52
Mother responsible for child and has access	..	..	..	..	14
Baby adopted or placed for adoption	..	..	..	..	22
Baby died	..	..	..	..	1
Abortions	..	..	..	..	3
Mother advised and helped and referred to another agency	..	..	..	..	9
Still in hand (baby not yet born)	..	..	..	..	19
					<hr/> 120 <hr/>

I have the impression that there is an increase in the number of girls who have come into Oxford during their pregnancy and wish to be confined here. It is not always possible to be certain of the reason, and indeed there may be a combination of reasons. Several came from Scotland and the North of England and from Ireland, and usually these had not told their parents of their pregnancy. Their plan was to have the baby adopted and then return to their own part of the country, pretending there had been no baby. However, it is easier for the girl to plan for the adoption of her expected child than to carry out the plan after it is born, and some

mothers went home to “face the music” with their parents and decided to keep the baby. They must come to this stage at their own pace, and the social worker must go through all the motions of planning for adoption placement and usually make some pre-adoption fostering plans for the baby from 8 days old. It is disconcerting for the foster-mothers when they have been told the baby will not be coming after all, and during the year the committee agreed they should be paid a nominal sum in recognition of their work in preparing for the baby. This is normally paid willingly by the girl herself or the baby’s father. The social worker is sometimes tempted to think of these broken down fostering arrangements as ‘a waste of time’ but reflection indicates it is not so. The law recognises the mother’s need for time after her child is born to make an adoption decision and her consent in law has no validity before the child is six weeks old. I have heard several mothers say that nursing staff in hospital have asked them within a few hours of the birth ‘are you keeping your baby’. The question relates to a decision *re* breast-feeding, but some mothers have spoken of their bewilderment at being faced with such a question within hours of the birth. In regard to ‘changed plans’, it is also of importance to interpret to the foster-mother the mother’s reasons for not now wanting to separate from her baby. The foster-mothers do invaluable work. The care of a new born child for twenty-four hours per day, seven days a week, for £3, is indeed a labour of love. One is constantly made aware of the bounty of love and care poured out by foster-mothers on babies who will soon have gone out of their lives for ever.

In two adoption cases I was concerned when a judge in a northern Court insisted on a parent of the mother signing adoption consent papers in addition to the normal signing by the mother of the baby. In one case the girl was 20½ years old and in the other 18. Because they were minors, the judge decided this course was necessary. Colleagues and lawyers to whom I have spoken of this agree with me that they know of no section of the adoption law to account for this ruling. One girl’s father travelled from Scotland to Oxford to sign the consent (a matter of about two minutes in the County Court Offices) because he did not want the matter dealt with in the home neighbourhood. If this requirement grew to be demanded by other judges in Adoption Courts it could mean some adoptions being held up indefinitely, since a number of girls steadfastly refuse to tell their parents they have had a baby.

The number of referrals of preventive and family problems was small, but represents a considerable amount of work. The relationship problems presented in these cases are often very deep, and the social worker may at times feel that nothing apart from long-term psycho-therapy is likely to have much effect.

I have addressed 13 meetings and there have been several offers of voluntary help arising from these speaking engagements.

Undergraduate members of International Voluntary Service have given valued help in digging gardens for unsupported mothers who have become tenants of council houses and have also undertaken painting and decorating in similar circumstances. I should like to thank them and also an undergraduate who is currently visiting and helping with the children of a very over-burdened mother.

In May the Committee replaced their car and, at my request, purchased a Morris Traveller. This is proving an enormous help. I am sometimes worried by the amount of time I spend in transport work—babies to foster-mothers, babies to medical examinations, babies to nurseries and so on. Some of this could be undertaken by voluntary workers with transport facilities if these were available. It is clearly important that the welfare workers' time should be used for the 'skilled' rather than the 'unskilled' aspects of the work.

Maintenance account

The sum of £2,136 18s. 1*d.* was paid out during the year. This money is (a) received from Voluntary Societies giving grant aid to mothers bringing up an illegitimate child and disbursed through this Office; (b) Payments from putative fathers.

In conclusion I should like to express my gratitude to colleagues in the statutory and voluntary services who have given me much help and co-operation in the past year."

SECTION VI

MATERNITY AND CHILD WELFARE DENTAL SERVICES

It is satisfactory to be able to report a considerable increase this year in the number of children under the age of five years attending the dental clinic for inspection and treatment. As has been frequently stressed in previous annual reports of the Maternity and Child Welfare dental scheme, all children should begin regular dental inspections at the age of three years if their temporary teeth are to be kept in a healthy state until due to be shed naturally. Not all parents are aware that most of these temporary teeth are not normally shed until the age of ten years at the earliest, and if they are extracted prematurely, the positioning of the permanent teeth which replace them is almost certain to be adversely affected.

In the course of an official visit to Oxford, Mr. Potter of the Ministry of Health, suggested ways in which the availability of dental care at the Clinic for expectant and nursing mothers and children under five years of age could be made more widely known to the public. Medical officers, midwives and health visitors have been active in this direction for a number of years and may confidently be expected to continue their missionary work, bearing in mind these suggestions, to consolidate the advance already made towards persuading all parents of the importance to their children of regular inspections at an early age.

Pre-school children will always be given first priority at the clinic and appointments arranged to suit family circumstances. Nothing would give greater satisfaction to members of the dental staff than an increase each year in this part of their work.

The following tables show the work carried out by the Principal Dental Officer during the year.

					<i>Children</i>	<i>Expectant and</i>
					<i>under</i>	<i>nursing</i>
					<i>5 years</i>	<i>mothers</i>
(i) <i>Inspections</i>						
Patients given first inspections	..	..	..	..	83	8
Patients who required treatment	..	..	..	..	70	8
Patients who were offered treatment	..	..	..	..	70	8
					—	—
(ii) <i>Visits for treatment</i>						
First visits	..	..	..	..	83	8
Subsequent visits	..	..	..	..	51	2
					—	—
Total visits	..	..	..	..	134	10
					==	==

						<i>Children under 5 years</i>	<i>Expectant and nursing mothers</i>
(iii)	<i>Treatment provided</i>						
	Teeth filled	..	..	..	..	89	10
	Teeth extracted	..	..	..	..	17	1
	Scaling or removal of stains	..	..	..	..	26	5
	Teeth otherwise conserved	..	..	..	..	191	—
(iv)	Number of courses of treatment completed					73	8

SECTION VII

MENTAL HEALTH

1. Administration.

(a) Staff

The Medical Officer of Health has delegated to his Deputy the day-to-day supervision of the Section.

The Mental Welfare Officers supervise the welfare of both subnormal and mentally ill patients. They try to help them and their families to adjust to life in the community as well as possible.

(b) Co-ordination with Hospitals

The Mental Health Sub-Committee and the Hospital Management Committees of Littlemore and Warneford and Park Hospitals have several members in common. The Medical Officer of Health is a member of the Warneford and Park Hospitals Management Committee and his Deputy is a member of the Littlemore Hospital Management Committee. The Mental Welfare Officers attend case conferences, outpatient clinics and clinical meetings at the local psychiatric hospitals and work closely with the hospital staff.

(c) Voluntary associations

Much valuable work is done by voluntary associations. A member of the Oxford branch of the National Society for Mentally Handicapped Children is a co-opted member of the Mental Health Sub-Committee, and the Chief Mental Health Officer attends the committee meetings of this Society. The local branch of the National Society for Mentally Handicapped Children runs a social club for subnormal adults and children, and their families.

(d) Trainee Mental Welfare Officers

The two trainees appointed last year do case work under the supervision of the Chief Mental Health Officer. They attend lectures at the local psychiatric hospitals; and spend a period working with the nursing staff and with hospital social workers.

2. Work in the Community

When a patient is referred to a mental welfare officer it is his duty to get to know the patient and his family, and, if he can, to become their valued friend. Many patients and their families come to depend heavily on their contacts with mental welfare officers and other social workers, and as more and more patients are treated in the community instead of being admitted to hospital, the work-load of the Mental Welfare Officers increases.

A. The Mentally Ill**(i) Admissions and discharges from hospital**

	1961	1962	1963	1964	1965	Average 1961-65
Admissions						
Section 25 (admission for observation on 2 medical certificates)	44	46	72	56	50	53.6
Section 26 (admission for treatment on 2 medical certificates)	12	8	5	6	3	6.8
Section 29 (emergency admission on 1 medical certificate)	58	60	76	81	66	68.2
Section 60 (admission via a court of assize or quarter sessions)	5	2	2	3	4	3.2
Section 65 (Court order restricting dis- charge)	—	1	1	—	1	0.6
Section 71 (custody during Her Majesty's pleasure)	—	1	—	—	—	0.2
Total compulsory admissions	119	118	156	146	124	132.6
Informal admissions	377	415	511	485	537	465.0
Total admissions	496	533	667	631	661	597.6
Deaths in hospital	10	32	33	40	37	30.4
Left hospital	437	467	554	583	621	532.4
Total discharges	447	499	587	623	658	562.8
Difference between recorded numbers ad- mitted and discharged	49	34	80	8	3	34.8

The Mental Health Act, 1959, has now been in operation for five full years. The number of compulsory admissions has not varied much, but this year the figure is below the average. The proportion of compulsory total admissions is 18.7%, a reduction over the last two years. The number of informal admissions was the highest yet. Three more patients were admitted than were discharged or died in hospital. With the provision of improved community services, we must aim at a negative balance of admissions over discharges. The number of patients leaving hospital has continued its uninterrupted rise, from 437 in 1961 to 621 this year.

Sixty-two (9.3%) of the 661 patients admitted during the year had been in hospital during the previous 12 months, a similar proportion to the last two years.

(ii) Admission of the elderly to psychiatric hospitals

There has been an increase in the number of patients over 60 admitted to hospital as shown in the following table:—

Admissions to psychiatric hospitals

<i>Age</i>								<i>Average</i>
			1961	1962	1963	1964	1965	1961-65
60—69 years	..	..	35	49	40	39	51	42.8
70—79 years	..	..	20	34	38	37	33	32.4
Over 80 years	..	..	6	23	24	22	31	21.2
Total			61	106	102	98	115	96.4

16 (14%) of the patients had also been admitted last year and subsequently discharged.

(iii) Supervision

During the year 180 mentally ill patients and 4 psychopaths were referred to the Mental Health Section and at the end of the year there were 224 mentally ill patients and 9 psychopaths under supervision.

B. Subnormality**(i) Ascertainment**

New cases referred by:—

Education Department	..	..	..	..	..	18
for supervision after leaving school	..	9	..			
for admission to Training Centre	..	9	..			
Hospitals	..	..	..	..	..	18
General Medical Practitioners	..	..	..	..	7	
Other local authorities on removal to Oxford	..	..	3			
Miscellaneous	..	..	..	..	..	9
Total						55

At the end of the year these patients were placed as follows:—

Working	..	..	..	..	..	23
Junior Training Centre	..	..	..	..	..	13
Industrial Training Unit	..	..	..	..	..	3
Hospital	..	..	..	..	..	4
Unemployed at home	..	..	..	..	..	8
Left district	..	..	..	..	..	4
						55

(ii) Accommodation in Hospitals**(a) Waiting Lists**

Five children and five adults were on the waiting lists of hospitals at the end of the year. Comparative figures for the last five years are as follows:—

Hospital Waiting lists

	1961	1962	1963	1964	1965
Children under 5	1	2	2	0	1
Children 5—15 ..	5	5	6	2	4
Adults	7	5	5	5	5

(b) Oxford residents in hospital inside the region

						<i>M.</i>	<i>F.</i>
Borocourt .. ..	..	..	..	..	..	31	27
Bradwell Grove ..	..	..	..	..	..	19	4
Cotshill Hospital ..	..	..	..	..	..	3	1
Cumnor Rise .. ..	..	..	..	..	..	—	9
Northview Hospital ..	..	..	..	..	..	—	2
Pewsey Hospital ..	..	..	..	..	..	10	8
Purley Park .. ..	..	..	..	..	..	2	—
Roffey Park .. ..	..	..	..	..	..	—	1
Smiths Hospital, Henley ..	..	..	..	..	..	5	3
Style Acre, Nr. Wallingford		..	..	..	..	4	—
Wayland Hospital .. ..	..	..	..	..	..	—	10
						74	65

(c) Oxford residents in hospital outside the region

						<i>M.</i>	<i>F.</i>
Barvin Park, Potters Bar ..	..	..	..	..	..	3	—
Cell Barnes Colony, St. Albans	..	..	..	..	..	1	1
Churchill House, Easthampstead ..	..	..	..	..	..	1	—
Etloe House, Leyton, London ..	..	..	..	..	..	—	1
Leybourne Grange Colony, West Malling ..	..	..	..	..	..	—	1
Lisieux Hall, Chorley .. ..	..	..	..	..	..	1	—
Manor House, Aylesbury .. ..	..	..	..	..	..	2	2
Maximum Security Institutions ..	..	..	..	..	..	6	—
Mount Tabor, Aylesbury .. ..	..	..	..	..	..	—	1
Royal Western Counties Hospital, Starcross	..	..	..	..	..	—	1
St. Francis' School, Buntingford ..	..	..	..	..	..	3	—
St. John's Hostel, Camberwell ..	..	..	..	..	..	—	1
St. Mary's Home, Buxted .. ..	..	..	..	..	..	—	3
Stallington Hall, Stoke-on-Trent ..	..	..	..	..	..	1	—
Stoke Park Colony, Bristol .. ..	..	..	..	..	..	3	3
Sunfield Children's Home, Stourbridge	..	..	..	..	..	1	—
Sunshine Home, Wellington .. ..	..	..	..	..	..	1	—
						23	14

(iii) Supervision

At the end of the year 204 subnormal persons (47 children and 157 adults) were being supervised informally by the Mental Welfare Officers.

(iv) Guardianship

At the end of the year four cases were under guardianship: of whom two were in the care of the Brighton Guardianship Society, one was in employment in Buckinghamshire, and one was working in a local hospital.

(v) The Mabel Prichard Training Centre

At the end of the year, 46 children were attending the Centre, of whom sixteen resided at the adjoining Hostel and five came from Oxfordshire. In July, the number of adults and children attending had reached eighty-four, so the opening of the Industrial Training Unit for the adults brought a most welcome reduction in numbers. The older children have now taken over many of the small jobs done by the adults, and this has increased their self-dependance. Unfortunately, the financial situation delayed the conversion of the workshop vacated by the adults into the Special Care Unit, but five of the children destined for this Unit were nevertheless admitted to the Centre.

The age and sex distribution of the children attending at the end of the year is shown in the following table:—

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
0—4 years	..	..	2	3	5
5—10 years	..	..	12	14	26
11—15 years	..	..	8	4	12
16 years and over	..	..	3	0	3
			—	—	—
Total	..	..	25	21	46
			—	—	—

A school medical officer visits the Centre twice a year. All children are medically examined at least once a year and all children who are going on the Training Centre holiday are examined beforehand.

The training of the pupils at the Centre is organised so as to help their social adjustment as much as possible. For the youngest children there are play activities to help develop their manipulative skill, and training in personal hygiene and in simple social matters such as how to behave at table. Every effort is made to enlarge the children's vocabulary and as they grow older they are taught to count and to do simple sums. They learn to recognise letters and some simple and important words, and to copy letters and to write their own names. They learn to recognise coins and learn their different values.

The Parent-teachers Association held a dinner and dance at the Sandford Country Club; and together with the Oxford branch of the National Society for Mentally Handicapped children they held a Christmas

Sale at the Town Hall which raised £315. The two organisations contributed to the children's holidays at Swanage.

During the year three autistic children who previously attended the Park Hospital were admitted. They all posed special problems, but have shown some improvement. We are grateful to Dr. Ounsted for his support and advice in caring for them.

For those children who wish to go, there are weekly services at the local Church of England and Catholic churches. We are grateful for the great interest taken in the children by the local clergy.

There is a happy relationship between the Centre and the Speedwell Infants' School. On several occasions one of our classes has spent a morning there. The fifth form of Northfield Secondary Modern School runs a Monday afternoon club for the older children. All the girls from the fifth form come, two at a time, to spend four whole days at the Centre. Usually they are just beginning to gain confidence and understanding at the end of the four days.

Thirty-one children, including some who are now at the Industrial Training Unit, went for ten days' holiday at Swanage accompanied by three members of the staff and a trainee Mental Welfare Officer. A Christmas party was held which was attended by members of the Mental Health Sub-Committee and by friends of the Centre. One of the main attractions was a Punch and Judy show given by the trainee Mental Welfare Officers. The children also went to Christmas parties at Northfield and Speedwell Schools: and Northfield School brought their band and choir to sing carols at the Centre.

(vi) St. Nicholas House

This has been the first full year of the new twenty-bedded Hostel for severely subnormal children. Four children were admitted and at the end of the year there were sixteen permanent residents. Seven children were admitted for temporary periods ranging from a week-end to a month. These short stays were of great value, enabling parents to have some relief from the problems of caring for a subnormal child.

The children's family links are kept as strong as possible. Parents are encouraged to have their children at home for at least part of every week-end, although this is not always possible. Mental Welfare Officers visit all the parents, and the parents often visit or telephone the hostel.

The age and sex distribution of the children in residence at the end of the year is shown in the following table:—

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
5—10 years	..	..	3	5	8
11—15 years	..	..	5	1	6
16 years and over	..	..	2	0	2
			—	—	—
Total	..	..	10	6	16
			—	—	—

When the hostel was opened the members of the non-domestic staff were as follows:—

- 1 Superintendent
- 1 Matron
- 2 Assistant Housemothers.

It was found that nearly all the administrative work could be done by the Superintendent and that the work of her deputy should be almost exclusively the actual care of the children. As the title of matron implies a senior post with administrative responsibility this post was regraded to housemother. It was also found necessary to have two members of the staff on duty whenever children were in the hostel between 7.30 a.m. and 8.0 p.m., except when the Training Centre was open. To meet this need the number of assistant housemothers was increased from two to five. The post of assistant matron was deleted from the establishment.

At the end of the year, therefore, the non-domestic staff were:—

- 1 Superintendent
- 1 Housemother
- 5 Assistant Housemothers.

The Superintendent took eight of the younger and less able children together with some other children not resident in the hostel to Swanage for a week during the Summer. Three parents, three voluntary helpers and a trainee Mental Welfare Officer went with them. The children with staff and helpers went for an enjoyable day's outing to Hayling Island on another occasion: this was organised by the National Society for Mentally Handicapped Children. In September they went to St. Giles' Fair and at Christmas to the pantomime. They had a bonfire party on Guy Fawkes' night, towards which some local boys made them a gift of £1 5s. 6d., their entire collection for their own Guy. Every child had his or her own birthday party. Some of the older children went to the cinema to see Dr. Who and afterwards St. Nicholas House and the Training Centre were jointly presented with a six-foot model of a dalek.

At the Christmas party all the children took part in a Nativity play. Music was provided by members of Littlemore Church choir. The children were entertained by a clown whose expenses were met by Oxment. A local doctor distributed the presents. The children received many gifts of sweets, toys and records and £20 from the public house nearby.

This new hostel has been visited by many interested local people as well as by representatives from other local authorities. Among many regular visitors are members of Oxment; girl guides, who come two or three nights a week; and the local parsons. Dr. Ounsted, medical director of the Child Guidance Clinic, visits once a quarter, whilst a member of the local authority medical staff visits regularly and co-operates closely with the children's own doctors.

It is hoped shortly to install a sluice and a pair of bowl urinals. These improvements have been held up owing to financial restrictions.

(vii) The Industrial Training Unit

This purpose-built adult training Centre costing £44,000, began its work in September.

The main part of the building is a large workshop for 60 people, with stores, loading bay, dining hall and kitchen. In the other leg of the L-shaped building there is an entrance hall, staff accommodation, cloak-rooms, social instruction room, domestic subjects room and a work room, where less noisy and cleaner work can be done. All the services and facilities are designed for 120 people so that if necessary the Unit can be easily extended by construction of another workshop. (See plan and photograph).

On opening, 46 adults, of whom 6 were from Oxfordshire and 2 from Berkshire, were transferred to the Unit. The Oxfordshire trainees left early in 1966 when that County opened its own training centre at Wheatley.

The age and sex distribution of the trainees at the end of the year was as follows:—

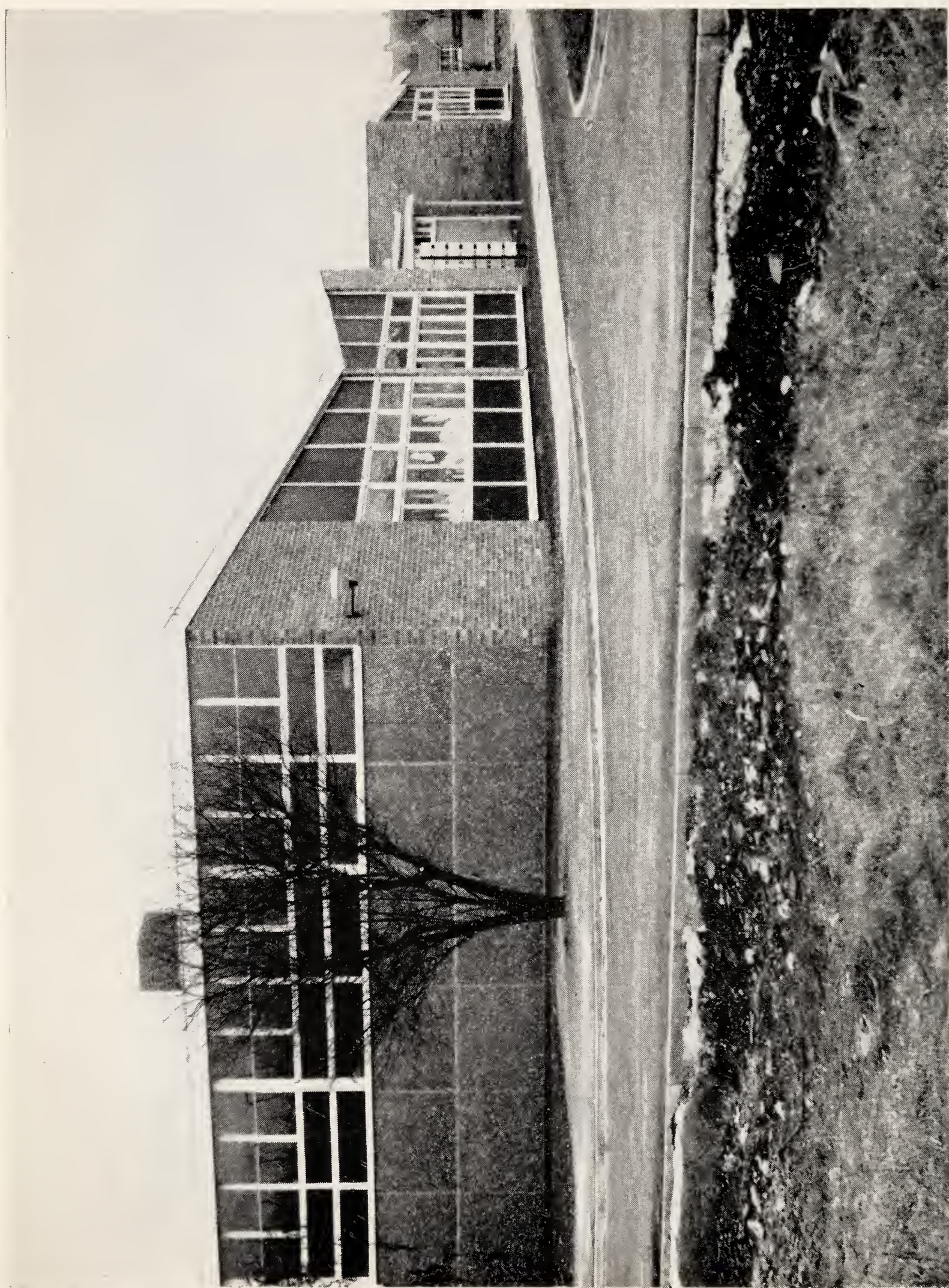
			<i>Men</i>	<i>Women</i>	<i>Total</i>
16—19 years	..	..	13	9	22
20—29 years	..	..	6	7	13
30—39 years	..	..	1	4	5
40—49 years	..	..	2	1	3
50—59 years	..	..	2	1	3
			—	—	—
Total	..	..	24	22	46
			—	—	—

The range of work undertaken by the trainees is being steadily expanded, and at the time of writing (March, 1966) eight different contracts are being completed. The work for these contracts includes:— packing and labelling advertising material; drilling, grinding and lymishing metal products; removing moulded plastic objects from a central spool; assembling badges; manufacturing metal coat hangers; cleaning and painting brake shoes; assembling hand press work in the construction of electric motors; numbering and making up journey record pads; and chopping and bundling firewood. The trainees use the machinery with which the workshop is equipped, namely circular saws, drilling machines, fly presses, a sanding and lymishing machine and a spot welder. Income from the contracts has amounted to more than £300 which is re-distributed to the trainees; each receiving a weekly pay-packet from the City Treasurer's pay clerk, of up to 25 shillings. The actual amount is determined by a weekly assessment on a points system, which is so arranged that effort is rewarded as well as output. A severely handicapped person working to capacity is not penalised.

Social as well as industrial training is a function of the Unit. Small groups of three or four are given training in such subjects as money and word recognition, personal hygiene and appearance. It is hoped that



facing page I62 "THE WORKSHOP" INDUSTRIAL TRAINING UNIT



this will be extended to shopping expeditions, travel on public transport and visits to cafes and restaurants. The agreement and co-operation of parents are needed for such activities, which are aimed at making the trainee more independent.

In the domestic subjects room simple cooking, personal washing and ironing are done. The mid-day meal is served cafeteria-style in the dining hall. As part of the social training a charge is made, which is later returned to the trainees in their pay-packets. Tables of four are laid and the trainees sit where they choose.

Every effort is made to encourage an adult attitude to life. There are no escorts on the bus which brings the trainees to and from the Unit. They clock in when they arrive. Work starts at 9.15 a.m. and finishes at 4.45 p.m., and the Unit is open for 48 weeks of the year.

The Unit has created much interest and already there have been a number of visitors. The official opening will be performed by Lord Segal in May, 1966.

3. Future developments

(a) Hostel for Subnormal Adults

It was not possible to make a start on the first hostel for subnormal adults at the Brasenose Driftway site adjoining the Industrial Training Unit because of the national financial situation. However it is hoped building can start towards the end of 1966.

(b) Hostel for the Mentally Ill

The building of a hostel for the mentally ill on the Rose Hill site has been postponed for a year or two because of the financial situation.

(c) Special Care Unit at Mabel Prichard Training Centre

This special care unit for up to 12 children below the age of 5 years or with serious physical and mental handicap will be constructed by alteration to the vacated workshop at the Mabel Prichard Training Centre. This adaptation is now planned to take place in the Summer vacation and therefore this much-needed Unit should be ready for use in September 1966.

SECTION VIII

WELFARE SERVICES SECTION

Report by J. C. DAVENPORT
Chief Welfare Services Officer

In July, 1948 the City Council delegated to the Health Committee its functions under the National Assistance Act, 1948 and the Welfare Services Sub-Committee meets twice monthly to deal with the administration of welfare services in the City.

1. General Welfare Arrangements for the Aged and Infirm

The review of the welfare arrangements contemplated in 1964 was commenced at the beginning of 1965. The object of the exercise was an attempt to ascertain the extent of the success of the services already in existence and to discover the need for additional services. This exercise was undertaken in the form of a house to house survey of a selected area of approximately 4,000 houses of every type. The primary object of the survey was to discover the names and addresses of all persons of pensionable age and disabled living in the area. We were very fortunate to have the help of a number of boys from Magdalen College School Duke of Edinburgh Award Scheme group. These young men did invaluable work in obtaining the necessary information which enabled the welfare officer in the follow up visit to go only to those houses where potential users of welfare services were living.

The second principle followed was to ensure that where need of services which were available was discovered, the services should be implemented immediately. The observance of this principle implied that ascertainment of need by a welfare officer and supply of the necessary service should rapidly follow the initial visit, and the whole exercise had to be planned to ensure that the teams maintained an even pace.

From the outset a small but steady stream of requests for help flowed in, and very soon it became apparent that the existing services in relation to meals on wheels, chiropody and bathing assistance were insufficient. This information confirmed the previous estimate that expansion of these services was needed. Unfortunately at the same time that this was becoming apparent, it also became clear that financial burdens on the rates were increasing and that the Council would have to impose severe restrictions on the budgets of all departments. These fears were not groundless and the new financial year permitted only a restricted expansion of welfare services. To continue the survey therefore appeared pointless as we should quite certainly discover a need, and equally certain be unable to meet it. One great advantage however was that the survey, although limited, was large enough to give a reasonable sample of what

can be expected, and plans for future expansion of the domiciliary welfare services will be based upon this information.

The importance of domiciliary services for the aged and infirm cannot be overstressed. It is the declared objective of all social workers in this field to help the less able by all means possible to continue to live happily and comfortably in their own homes for as long as possible. Such an objective is not only in the interests of the aged themselves, but is to the benefit of the community as a whole. The provision of Part III accommodation will always be necessary to provide an alternative for those of our inhabitants who, despite maximum aid from the social services, cannot maintain comfort and happiness in their own home, but this accommodation is costly and must be restricted to those who really need it. If expansion of services such as meals, chiropody, bathing, home help and day care, can enable a person to attain a good standard in their own home for only one year it necessarily follows that this investment will be of benefit to the person concerned in happiness and security, and of financial benefit to the community as it will lessen the pressure for beds in old peoples' homes.

At the commencement of 1965, the Old Peoples' Homes began to play their part in the provision of meals on wheels, and by the end of March three Homes, Iffley House, Shotover View and Townsend House had taken over the service previously supplied by the Cowley Marsh Municipal Restaurant. This changeover did make extra demands on the voluntary helpers delivering the meals and with the invaluable help of the British Red Cross Society the changeover was effected smoothly and efficiently. No less praise must be accorded to the Women's Voluntary Service helpers who have continued to assist in the provision of this very necessary service from the York Place Restaurant.

Iffley House, opened in the late autumn of 1964 came into full use in 1965 and the benefit of the sixty additional beds helped considerably in reducing the waiting list, both from hospitals and persons in their own homes. As indicated in my report last year, Oxford provides a very high proportion of single and double room accommodation, and of a type suitable for maximum mobility for frail persons. There is no doubt that this is the right policy, not only by our own experience, but such accommodation will be even more essential to conform with the expressed policy of the hospital geriatric service. The advances in geriatric medicine have enabled many of the aged sick to be restored to such a state that instead of occupying chronic sick beds in a hospital they are fit and able to be discharged either to their own homes or to Part III accommodation. This means that a greater proportion of older people will be returned to the community, and the frailty associated with old age must present the problem of lesser mobility. The great majority of persons in this category will continue to live in their own homes assisted by relatives or friends, or by the domiciliary welfare services. The remainder will require Part III

accommodation and the improvement in geriatric medicine accompanied by better domiciliary services will have the general effect of increasing the degree of infirmity in persons needing to be admitted to Part III accommodation.

The general policies relating to admission to Homes are unchanged. Wherever possible prospective residents are given the opportunity of viewing their proposed Home before admission, and many have previously had the experience of life in a Home as a result of a short-stay admission. Short-stay admissions have, in fact, become a permanent and successful feature in our domiciliary welfare services. When a prospective resident has doubts about giving up his or her own home, welfare officers arrange to continue their tenancies after admission to enable them to change their minds if they so desire. Very few do and in 1965 no-one elected to return home.

Each Home has continued to develop as a centre for domiciliary welfare services and in addition for recreational facilities. The bathing service reached full strength during the year by the acquisition of a special vehicle and the recruitment of a male attendant, and has been able to expand accordingly in providing a most worth-while service.

Welfare officers, who were strengthened by the return from training of one officer, made a total of 12,585 visits to aged and infirm persons. The progression of years took its toll inasmuch as my Deputy, Mr. John Hadfield retired in September, 1965. His many years of work in the field of welfare will be remembered by the countless friends he made amongst colleagues and the populace whom he served, and I would like to take this opportunity of thanking him for his reliable help, and to express a sincere wish for a very happy retirement. Mr. Hadfield was succeeded by Mr. Robert Crane, who was promoted to the post of Deputy from his position as Senior Welfare Officer.

Despite the very heavy case load of each statutory officer in the service, there are many calls upon the help given by voluntary societies and helpers. In addition to the groups already mentioned, many other societies and private individuals alike have given ready aid. The Council of Social Service have continued to act as willing and able partners of the Local Authority, and in addition to the many activities previously reported upon here, with financial aid from the Welfare Services Sub-Committee they have consolidated and enlarged the day care service experiment. This service is intended to provide more frequent help throughout the day to aged and infirm persons living in their own homes, and in addition to the establishment of personal friendships between the helper and the helped, is, I believe, destined to become an essential part of the overall domiciliary welfare service everyone desires to see established.

Again special mention must be made of the help given during the cold days and nights of winter by the scheme for the emergency provision of fuel. Many private individuals make donations to the fund both in

cash and in kind to ensure that where a welfare officer or allied social worker finds acute distress caused by the lack of adequate warmth, the means of providing reasonable comfort can be speedily found. In addition to the funds collected during the year, practical help was given by the schoolboys who help in many ways and who spent a full day sawing and chopping logs for distribution to needy people. This help and interest is very encouraging, and demonstrates that, contrary to what is frequently expressed, there is no lack of help and goodwill available from either the young or the old.

The case loads of each welfare officer are still very high and I must record my sincere thanks to all members of the staff for the way in which they have continued to maintain the very high standard of individual care and attention that has been accorded to each request for help irrespective of day or hour.

2. Residential accommodation

Each of the eight Homes provided by the Council has been occupied to the maximum extent possible during the whole of the year, and where permanent residents have been absent, either for holidays or hospital treatment the places vacated have been used by short stay cases as long as there was no detriment to the permanent occupier.

Nevertheless, the waiting list for admission remains high, and on 31st December, 1965, the waiting list read as follows:—

- (1) 10 persons required urgent admission.
- (2) 49 persons were assessed to require admission within six months.
- (3) 137 persons desired admission but were not likely to be in need during the next six months.
- (4) 13 persons were awaiting admission from hospitals.

This is a considerable improvement on last year in relation to the first two categories, but still emphasises the need for more accommodation to enable a situation to be reached where admission can take place before hardship to the individual has actually occurred.

The comparatively large number in group (3) again demonstrates the fact that by and large old people are showing no resentment towards entering a Home. Many of these applicants have had the benefit of short stay admission, and the happiness, comfort and security they enjoyed then has made them eager to prepare for their future, and content in the knowledge that such a service is available to them should the need arise.

The residents already installed have kept remarkably well considering the very high average age (84 years) and from the total of 428, only 116 required in-patient treatment in hospital, and 73 of these returned after treatment. Forty-eight persons were able to receive all care and treatment necessary in the Home until old age took its toll.

New admissions during the year totalled 128 of whom 33 came from hospitals. The geriatric hospitals contributed 22 to this latter total,

acute general hospitals 7, and psychiatric hospitals 4. Priority is given wherever possible to hospitals in order that they may free their beds for more necessitous cases.

Each Home has become part of the neighbourhood in which it is situated, and residents are encouraged to take part in community activities. Visits to the Home are welcomed, and we are extremely grateful for the interest shown and practical help given by neighbours.

All residents are required to pay for their accommodation according to their means, but each receives a minimum of 16s. 0d. per week for their own use. With the appointment of the Craft Instructress, the craft work done by the residents in the Homes has increased over the year. Each Home is now visited once a week and many of the residents are becoming more interested in making useful articles. The Craft Instructress has introduced a number of new articles for the residents to make, such as coat-hangers, duster mitts, bedsocks, ovencloths, babies and dolls' clothes, and soft toys in felt and fur fabrics. These are collected weekly and sold through the Blind and Handicapped Retail Shop, unless the residents need the articles for themselves or their friends.

In November an exhibition of articles made by handicapped and disabled people was held in London and twelve entries were submitted from Oxford. Three certificates of merit were gained.

With the introduction and growth of this work in the Homes, it is obvious that it is fulfilling its purpose by meeting a need amongst the residents and is proving a satisfying and worthwhile project.

Regular church services are held by all denominations in the Homes, and cinematograph shows are enjoyed frequently.

Admission Table

			<i>New Admissions</i>	<i>Discharges to Hospital</i>	<i>Deaths</i>	<i>Holiday Cases</i>
Barton End	..	..	9	8	3	11
Cutteslowe Court	..	..	19	18	12	8
Frilford House	..	..	4	8	1	—
Iffley House	..	..	45	15	7	27
Marston Court	..	..	13	18	2	9
Oseney Court	..	..	13	10	10	16
Shotover View	..	..	16	20	9	18
Townsend House	..	..	9	19	4	7
			<hr/>	<hr/>	<hr/>	<hr/>
			128	116	48	96
			<hr/>	<hr/>	<hr/>	<hr/>

The demand for short stay accommodation continues to increase and 96 persons were admitted during the year, either to give them a much needed rest from their own domestic responsibilities, or to enable the relatives of the old person to take a holiday. It is evident that this is

a facility that is greatly appreciated, particularly by those relatives who would otherwise be completely tied throughout the year.

Voluntary Homes

The following voluntary homes are registered with the Local Authority for the care of aged and disabled persons:—

Aged and Disabled

Nazareth Home, Cowley Hoad	24 females 9 males
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Aged

St. Basil's Home, 239 Iffley Road	26 females
Elizabeth Nuffield Home, 165 Banbury Road	..			24 females
Council of Social Service Home, 115 Banbury Road	..			21 females
British Red Cross Society Home, 107 Banbury Road				20 females
Greengates, 2 Hernes Road	..	..	..	5 persons
Mrs. E. Best, 31 Stanley Road	..	..	..	5 persons
Woodlands Eventide Home, 111 Woodstock Road, Oxford	..	..	..	18 persons

The agreements made with the following Homes to place accommodation at the disposal of the Authority continue:

St. Basil's Home, 239 Iffley Road, Oxford	..	..	4 residents
Nazareth Home, Cowley Road	..	..	4 residents

This accommodation has been used throughout the year, and has been of great assistance to the Authority owing to the continued shortage of accommodation. The City Council has accepted responsibility for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies:—

- 5 persons in St. Basil's Home.
- 6 persons in Nazareth Home.
- 3 persons in St. John's Nursing Home.
- 13 persons in British Red Cross Society Home.
- 2 persons in Homes for the Blind.
- 23 persons in other voluntary homes.

In a similar way, by arrangement with other Local Authorities the City Council has accepted financial responsibility for two people in Oxfordshire County Council Homes, one person in a Berkshire County Council Home and one person in an Exeter City Home.

Temporary Accommodation

Perhaps the most important event of the year in relation to the care of the homeless was the decision of Council to integrate this function with the general care of problem families under the control of the Children's Officer. This transfer will become effective in 1966, and in all cases where children are associated with the homeless the necessary social work, care

and shelter, together with rehabilitation when necessary, will be undertaken by the Children's Department.

The shelter of homeless persons without children, and the provision of necessary services in emergencies such as fire or flood will remain the responsibility of the Welfare Section. These problems are generally short term and therefore relatively easier to solve.

During the year 65 families applied for shelter on account of actual or impending homelessness. Sixteen of these enquiries had no real foundation and after investigation and interview their problems were solved. Of the remaining 49 applications 31 had to be admitted to the Homeless Families Unit, 14 were helped to find alternative accommodation or had their threat of eviction withdrawn after intervention by welfare officers, and the remaining 4 refused the help offered and presumably made their own arrangements.

Evictions of tenants from houses numbered four, the applications coming from families in lodgings where difficulties had arisen either because of domestic friction, additional children, or in circumstances where families moved into inadequate lodgings on a short term basis, and then being unable to find a suitable home.

Admission to the Homeless Families Unit was necessary in 31 instances, and as there were already three families in occupation at the beginning of the year, the following table shows the analysis of the statistics relating to the 34 families concerned:—

13 stayed for one night only.

4 stayed for up to one week.

3 stayed from one week to one month.

6 stayed from one month to six months.

8 stayed for more than six months.

The 65 families applying during the year were made up of units as follows:—

Single Males	Single Females	Families with						
		No children	1 child	2 children	3 children	4 children	5 Children	6 children
6	16	6	11	14	7	1	2	2

For the 31 cases admitted to the Homeless Families Unit the following table applies:—

Single Males	Single Females	Families with						
		No children	1 child	2 children	3 children	4 children	5 children	6 children
—	9	—	5	8	4	1	2	2

3. Welfare Arrangements for Blind and Partially-Sighted Persons

(a) *Blind.* The diagnosis of the disability of the 23 new cases of blindness registered in the year (12 men and 11 women) were as follows; there being 11 patients with multiple causes.

Local Degenerative Conditions

(i) Cataract	10
(ii) Retinopathy	4
(iii) Optic atrophy	2
(iv) Senile macular degeneration	5
(v) Corneal ulceration	1
(vi) Nystagmus	1

Other Local Causes

(i) Trauma	—
(ii) Glaucoma	4
(iii) Myopia	3
(iv) Vascular catastrophes—retinal vein thrombosis	1

General Causes

(i) Diabetes mellitus with retinopathy	3
(ii) Arterio-sclerosis with retinopathy and retinal artery occlusion	1

Age at onset of blindness

Year	0-4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+
	4	—	—	—	—	1	—	1	1	6	5	2	2	1

Of the five new cases where the onset of blindness occurred before the age of 40 the causes were as follows:—

- 1 myopia and corneal ulceration.
- 1 congenital nystagmus.
- 1 congenital cataract.
- 1 congenital cataract and partial optic atrophy.
- 1 optic atrophy.

The average interval between onset (symptoms of blindness) and registration was four years (less than one year in seven cases and more than five years in six cases).

The following table shows the number of cases where treatment was recommended:—

	Cause of Disability			Total
	Cataract	Glaucoma	Others	
(a) No treatment	—	—	7	7
(b) Treatment (medical, surgical or optical)	6	—	3	9
(c) Hospital supervision ..	4	3	—	7

The number of registered blind persons in the City is shown in age groups in the following table:—

YEAR	0-1	2-4	5-15	16-20	21-39	40-49	50-64	65-69	70 and over	Total
Male	—	1	1	4	5	8	14	10	40	83
Female	—	—	1	—	3	5	17	7	94	127
										210

Out of this total of 210, there are 151 over 65 years of age.

Children

There is one child in an ordinary school, one in a hospital for the mentally ill and one in a hostel for the mentally sub-normal.

Employment

Twenty people are in open industry as follows:—

Labourers	3
Employed in factories	10
Legal profession	2
Kitchen hand	1
Masseur	1
Storekeeper	1
Shopkeeper	1
Hairdresser	1

Home Workers Scheme

Braille copyist	1
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Workshop Employment

The following blind people are working in sheltered workshops:

Trade	Male	Female
Mat makers	2	—
Chair caning	—	1

Several totally blind women are running their homes very efficiently without help.

General Welfare, Social Activities, Voluntary Help

In co-operation with the Oxford (City and County) Society for the Blind two parties of 98 and 84 respectively were in May taken to Bournemouth for a week's holiday. The annual party was held in March at the Town Hall. Four tape recording sessions and socials were held each month. The Inner Wheel, Rotary Club, and other voluntary drivers and workers again provided transport and helped with the running of socials and craft classes. Their assistance in no small way contributed to the success of these functions. The Oxford (City and County) Society for the Blind continued to assist financially towards the provision of holidays, invalid foods and extra comforts.

During the week before Christmas a party of 30 blind people went to the carol service at the Royal Naval College, Greenwich, and fourteen blind children from the City and County were taken to Smith's Motor Accessories firm in Witney where they were given a delightful party and each child received a present.

The Oxford Eye Hospital has continued to be responsible for the cost of transport to the two Christmas parties. This help is greatly appreciated and enabled many to attend who might otherwise have been unable to do so.

(b) *Deaf Blind*. There were 5 deaf blind persons on the blind register all of whom were females.

(c) *Partially-Sighted*. Nineteen people were certified as partially-sighted and at the end of the year there were 99 persons on the observation register. All these people are substantially and permanently handicapped by defective vision. The following table shows the age groups on the register:—

0—1 M F	2—4 M F	5—15 M F	16—20 M F	21—49 M F	50—64 M F	65 and over M F
— —	1 —	2 2	1 2	12 3	5 6	17 48

Total: 38 males and 61 females—99, of whom 65 are over 65 years of age.

4. Welfare Arrangements for other Handicapped Classes

(a) The Deaf

The Council's functions in relation to the deaf have been delegated to the Oxford Diocesan Council for the Deaf, and the Superintendent Missioner has kindly supplied the following report.

General

With the assistance of seconded staff from the Oxford City Council, a more comprehensive service has begun to emerge. Not only are the totally deaf catered for but a start has been made in providing some

assistance for the numerous hard of hearing and partially hearing people living in the area. Close liaison has been established with otolaryngologists, teachers of the deaf, speech therapists, Local Authority departments and other organisations to ensure that the best service is given.

Welfare

The staff not only undertake such routine work as visiting the sick and lonely, but are always at hand to help to ease away the "day to day" difficulties of the deaf. Assistance given has included interpreting at driving tests, in hospital, at the Police Station and in the Courts, in solicitors' and insurance offices and in placing the deaf into suitable employment. Work has also been found for some partially hearing school leavers.

Social, Educational and Spiritual

The New Centre for the Deaf and Hard of Hearing provides a meeting place for all handicapped by deafness, and the deaf meet on two or three evenings a week not only for social and sporting activities but also for further education and, in this connection, the Education Committee has been most helpful in providing tuition.

The Young People's Club continues to flourish and the weekly church services for the totally deaf are well attended.

The National Deaf Children's Society—Oxford and District Region.

More than twenty children have been covered by evening classes and individual tuition. This year we have received grants from Berkshire, Oxfordshire and Oxford City Councils to help cover the costs. Arrangements were made with the Education Authorities to keep some of the partially hearing units open for part of the long summer holidays; these classes were well attended.

Educational visits were arranged for the older children during the summer, the most successful being a visit to the R.A.F. at Abingdon.

Statistics

Age groups	1—15		16—64		65 and over		Total
	M	F	M	F	M	F	
Deaf with Speech ..	7	7	9	5	3	2	33
Deaf without Speech ..	5	2	16	13	3	—	39

(b) The Hard of Hearing

The Secretary of the Oxford District Club for the Hard of Hearing has kindly supplied the following report.

The Club has continued to have a varied programme of activities including taking part in some of the functions arranged by the British Association of the Hard of Hearing. Several members attended the midland area rally in Leamington Spa meeting representatives from many Clubs in the area.

The National Day was celebrated at Reading, where the Oxford and High Wycombe Clubs joined with the Reading Club in a Thanksgiving service at St. Mary's Church, followed by tea and a concert in the evening.

Miss G. E. Clark was awarded the Miss Forster Memorial Cup for clear speech and subsequently won the midland area round and went on to compete in the finals of the national contest in London.

The lip-reading class was discontinued after a few months owing to the instructor being engaged on other duties on a Wednesday evening and it has not been possible to find another instructor as yet.

At the 15th Birthday Party held in October the original "Founder President"—Alderman Mrs. F. M. Andrews, M.B.E., was the guest of honour and there were over twenty other founder-members present amongst the party of nearly a hundred.

The commencement of a "mini-bus service" during the year to bring in the housebound members and others who find the journey by public transport extremely difficult has been quite successful.

All efforts are still being made to contact many more hard of hearing people in the district.

Statistics (Of people known to us)

<i>Under 16</i>		<i>16—64</i>		<i>Over 64</i>	
M.	F.	M.	F.	M.	F.
—	—	14	29	33	100

(c) Generally Handicapped

Welfare Services to assist the permanently and substantially handicapped have become more generally known and acceptable, and as a result there has been a considerable increase in the work. Adaptations in the home were carried out for 12 applicants and 79 persons have received walking and other aids to assist mobility.

Mention must be made of the valuable service given by voluntary workers who have assisted with cleaning and re-decoration in the home and with recreational facilities. The British Red Cross Society organises a special club for crippled persons at their headquarters, 101 Banbury Road, which meets fortnightly. Officers of the Welfare Section encourage and aid as many as possible to attend these meetings.

A total of 138 permanently and substantially handicapped persons are registered, and the following table shows the age groups:

Years	16—24	25—34	35—44	45—54	55—64	65 and over	Total
Male	7	13	8	13	17	19	77
Female	4	9	13	9	14	12	61
	11	22	21	22	31	31	138

Spastics

There are 30 spastics known to the Department—15 adults (9 male and 6 female) and 15 children. Of the 15 adults 8 are normally resident in their own homes and 7 are being cared for in special Homes and Hospitals. Of those residing in their own homes, 4 males and 1 female are engaged in full-time occupations.

Epileptics

Fourteen adult epileptics of major severity (6 male and 8 female) are known to the Department. Ten reside in their own homes, 2 are in Colony residence and 2 are in Hospital care. The great majority of minor cases are able to continue in normal employment.

5. The Blind and Handicapped Workshop

The retail shop total sales increased to a record of £12,524 as against £11,163 last year.

Once again a display of work was given at the two-day Oxfordshire Agricultural Show at Kidlington, and also for the first time a week's display in October at the New Oxford Information Centre. The use of a show case in the Municipal Restaurant at Cowley Centre, and twelve talks given by the Superintendent to members of Women's Institute Branches in the City and County, has helped to keep the service in the public eye.

The workshop was inspected by the Ministry of Labour in October, and as a result steps are being taken to reduce the number of trades and as soon as possible to introduce machinery for sub-contract work. Trades practised at the moment are matmaking, woodwork, chair seating, watch repairing and printing.

The main disabilities of the employees in the workshop are as follows:

Blind	..	..	..	..	..	3
Deaf without speech	..	..	..	..	..	1
Poliomyelitis	..	..	..	..	..	1
Paraplegia	..	..	..	..	..	3
Hemiplegia	..	..	..	..	..	1
Neurosis	..	..	..	..	..	1
Asthma	..	..	..	..	..	1
Epileptic	..	..	..	..	..	2
Athetosis	..	..	..	..	..	1

6. Miscellaneous Services

(a) Meals on wheels.

Following the closure of the Cowley Marsh Restaurant in March, Townsend House and Shotover View, together with Iffley House which started to provide meals at the end of 1964, assumed full responsibility for the provision of meals in the area east of Magdalen Bridge with the exception of Marston. As a result of the survey and assessment carried out early in the year there was an increase in demand which continued throughout the year, resulting in an average of 3,120, meals per month being supplied throughout the year, compared with 2,560 in 1964.

The cost to the recipient of the subsidised meal has remained at 1/-, but the mileage allowance paid to the very valuable and apparently tireless volunteers from the British Red Cross Society and Women's Voluntary Service has been increased from 6d. to 7d. Of the 37,500 meals supplied during the year slightly more than half (19,500) were supplied from the Homes and the remainder from the Municipal Catering establishments.

(b) Compulsory removal of persons in need of care and attention.

It was not necessary for action to be taken under Section 47 of the National Assistance Act, 1948.

(c) Temporary protection of property of persons admitted to hospitals, etc.

The duty of the Council under Section 48 of the National Assistance Act, 1948, to protect the property of patients admitted to hospital or to accommodation under Part III of the Act, has been effected in 123 cases during the year. There were 101 current inventories of property still in custody at the end of the year.

(d) Burial or cremation of the dead.

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who has died or been found dead in their area, where no suitable arrangements for disposal have been made. During the year it has been necessary for the Council to arrange 15 such burials, and in all cases part or full recovery of the cost involved has been made.

7. Civil Defence—Welfare Section

Courses. During the year the Welfare Section held two standard courses, three Advanced and Further Training courses, and a Full First Aid course. There is a general reluctance to take examinations, but five out of six candidates passed the Standard Test and all eight candidates passed the First Aid examination.

In addition a short refresher course was held for members of the

Women's Voluntary Service. A ten week course under the Duke of Edinburgh's Award Scheme was attended regularly by twenty-four girls. All these girls, aged between thirteen and fourteen years, showed great enthusiasm, and were successful in passing the examination. It is hoped that when these girls reach the age of seventeen years they will join the Welfare Section which is urgently in need of young volunteers.

Exercises. Volunteers attended fourteen exercises and demonstrations during the year. A weekend exercise in May involved driving in convoy to Swansea. This was a useful test for emergency feeding teams, especially in setting up kitchens en route, and feeding personnel in a very limited time.

On the 6th November we were very pleased to assist the Round Table of Oxford at their firework display in South Park. Headington, by providing hot soup and tea for about 2,500 people. The proceeds were in aid of handicapped children in the City.

Our peace-time disaster scheme has been revised, to include further places of temporary accommodation for families who may be made homeless by fires, flooding, plane crashes, etc. Close liaison is maintained with the Police, who would have the overall responsibility for any such peace-time accident.

Clinical Medical Work on behalf of the Welfare Services (Dr. Tilley)

Work has continued as follows:—

(a) Assessment for suitability for Part III Accommodation (13 consultations).

Old folk "in need of care and attention" fall into three groups. Firstly, there is a small number of ill persons whose fitness for an Old People's Home can only be determined after investigation, treatment and rehabilitation in hospital.

Secondly are those where adverse social circumstances largely determine the need for Part III accommodation. Assessment can be based on information from the family doctor, together with a functional examination of the applicant.

Thirdly are the elderly or handicapped persons living in purpose-built accommodation which is an increasing part of the housing programme. Central heating, an indoor toilet, and provision of lifts make an effective base for such welfare services as meals-on-wheels and home-helps. This is specially true when the dwellings are grouped flatlets with oversight by a warden. The risk that these supervised dwellings may degenerate into second-grade Part III accommodation has to be avoided by judicious selection of the residents, so that some are relatively young and active. Granted this, many old people, especially couples with one fit partner, can remain semi-independent. One consequence of the growth of this type of housing may be an increase in average age and handicap among those seeking admission to Old People's Homes.

Generally the choice between hospital, old people's home and special housing is clear. In more difficult cases advice is obtained from the Senior Assistant Medical Officer, who provides medical liaison with the hospital on one hand, or the housing department on the other.

(b) Emergency consultations (5 visits)

On rare occasions it is urgently necessary to decide on simple home treatment or the need for emergency hospital admission. Examination of the patient is only justified if an attempt to obtain the consent of the family doctor has been made; if the family doctor cannot be contacted, he is provided with a written account of any findings and action.

In this way hospital admission was arranged when welfare relief for a family in difficulties was complicated by infectious disease in one of its members.

At one time the large number of children and prevalence of communicable illnesses at the Homeless Family Unit made home-nursing of children too hazardous for the patients. Family doctors were asked to advise parents accordingly. The Senior Assistant Medical Officer of Health was responsible for general oversight of infectious disease in the Unit. One atypical case of chicken pox was sent to hospital after telephone consultation with the general practitioner.

(c) Provision of Domiciliary Equipment (66 visits)

Most requests came from hospitals. Medical investigation in the home was required when the equipment was large and expensive, or when the welfare officer found similar equipment ineffective owing to the special home circumstances.

Occasionally these difficulties are solved by household adaptations or even housing transfer. A very useful arrangement for wheel-chair users is direct communication between a front living-room and the housewife's kitchen, or between living-room and a ground-floor bedroom.

For severely handicapped people, and specially young chronic sick, transfer to a more suitable house in the same neighbourhood, together with minor household adaptations, is usually more beneficial than removal to ideal accommodation away from helpful friends and neighbours.

Old folk may accept removals, specially if the improved accommodation is nearer to grown-up sons or daughters. On the other hand they may cling to their old house, however inconvenient. Usually, they then cannot face the upset and expense of building alterations, even though improvement grants may be available. The outside w.c. is a major hazard for those with cardiac or respiratory complaints or difficulty in walking. The modern Elsan toilet is sometimes an acceptable alternative, and can be emptied once or twice a week by the Home-help on her visits; it can be supplied by the Red Cross Medical Loans depot.

Many old people remain ambulant by the use of walking-aids—all

descendants of the walking-stick. The provision of these under two different enactments produces anomalies. Under Section 28 of the National Health Service Act 1946, the walking-aid could be loaned to a convalescent from stroke or broken leg as a matter of after-care. If recovery is incomplete, then the same patient is "substantially and permanently handicapped", and the same walking-aid could be supplied using procedure under Section 29 of the National Assistance Act 1948.

Since provision of a walking-aid is essentially a medical prescription, from 1st April, 1966, supply will be through the British Red Cross Society, as the City's agency under Section 28 of the National Health Service Act. Follow-up work will appropriately be done by the Domiciliary Occupational Therapy Service.

(d) Handicapped Workshop

Here the Senior Assistant Medical Officer has a limited role as industrial medical officer. He has not the statutory duties of Examining Factory Surgeon and advice on placement of the handicapped person in one or other trade is outside his province.

However, occasional work difficulties or transport or housing problems arise. The local authority doctor is better placed to advise if he has already examined the workman. A voluntary medical assessment was accepted by the only new entrant to the workshop in 1965; it is hoped that in future this will be the customary introduction of employee to doctor.

(e) Miscellaneous (14 visits)

Most of this work related to situations in which action under Section 47 of the National Assistance Act 1948 was an unpleasant possibility. The risk here is three-fold. First, if even the threat of physical compulsion is used on an infirm but mentally alert old person there is a very real danger of cerebral or cardiovascular catastrophe. There is a further hazard if the old person opts for an Old Persons' Home when geriatric hospital treatment or custodial mental hospital care is more appropriate. Finally, persuasion may succeed only when the condition of the patient has greatly worsened.

To keep these risks small, there is a great need for team action, and one member of the team should be accepted as intermediary between the local authority and the unfortunate man or woman. The intermediary may be the health visitor or welfare officer, but the district nurse, home-help, or a voluntary visitor may be more appropriate; she must have time to visit frequently and the most effective communication is non-verbal—provision of food, warmth, and comfort. When satisfactory rapport has been achieved, the intermediary should be able to persuade the old person to accept removal from her familiar surroundings.

The guiding principle is that any action must genuinely be for the

good of the patient. Consequently it is reasonable to get electricity turned on, or an obstructed sink cleared, or a meal provided, if these temporary supports to an untenable situation serve to gain the confidence of the patient. However, occasionally there is serious nuisance to neighbours or even extreme danger from misuse of gas or electrical appliances; fortunately in this type of case, while statutory action is necessary, the physical compulsion needed is too slight to be harmful.

Since Old People's Homes cannot easily give custodial care, recourse to Section 25 of the Mental Health Act 1959 is sometimes a more satisfactory alternative.

The Senior Assistant Medical Officer of Health was asked whether Section 47 applied to four patients. Eventually two of these went voluntarily to Old People's Homes and a third voluntarily to hospital. Preparations were made for a psychiatrist to see the fourth, but meanwhile he had an intestinal upset and agreed to go to the infectious diseases hospital. After a few days' treatment there, he was certified and transferred to a mental institution.

It is evident that risk to life is great for these unfortunate folk. Where there is social isolation early efforts should be made by an intermediary to gain the patient's confidence; the long term need is for prophylactic mental health measures.

(f) A Medical Officer to each Old People's Home

A member of the medical staff of the Department is appointed to each Home.

Barton End	Dr. Leyshon
Cuttesslowe Court	Dr. Lawrence
Iffley House	Dr. Hall
Marston Court	Dr. Blenkinsop
Oseney Court	Dr. O'Sullivan
Shotover View	Dr. Tilley
Townsend House	Dr. Tilley

Personal medical service is given to each resident by their own general practitioner. In addition the Matron can consult the doctor from the Health Department on general medical problems, for example, outbreaks of infectious disease, or excessive work-load due to retention of too many ill residents.

SECTION IX

ENVIRONMENTAL HYGIENE

REPORT BY W. COMBEY, D.P.A., F.A.P.H.I., F.R.S.H.
Chief Public Health Inspector

There was no reduction in the amount of environmental work requiring our attention during 1965 and it is obvious that a great deal of work still needs to be done, despite much improvement already achieved. A system of partial specialisation adopted towards the end of 1964 operated throughout 1965 with a fair degree of success. The most obvious progress was apparent in the fields of Housing and Clean Air with Messrs. Crossley and Mullard taking part respectively in a considerable amount of valuable inspection and survey work, assisted by two newly appointed Technical Assistants, each having a City and Guilds qualification. It was gratifying to note, in this connection, that collaboration by other Departmental colleagues was forthcoming to a considerable degree and, in fact, seemed to be a highlight of our year's work. It is apparent that there is more room for closer collaboration between Departments where the environmental conditions concerned require an approach from several angles. I think there is no doubt that the key to successful Local Government is a high degree of collaboration between all Departments at all times. The Smoke Control Area to the west of Oxford was completed during the year and excellent progress achieved in assessing chimney heights with constant discussion on both Planning and Building Inspection problems.

The Offices, Shops and Railway Premises Act provided, as expected, much scope for full inspection work and it soon became obvious that a considerable amount of time would be needed to completely cover all premises requiring assessment under the new and comprehensive legal provisions. There was again considerable activity in the field of food hygiene and Mr. Scott gave particular regard to an assessment of washing-up routine in a number of preparation premises. It seems clear that the key to a satisfactory process is adequate final rinse temperatures. There was some pressure on the Pest Control Section during the year when staff difficulties became apparent. It seems obvious that securing labour for comparatively lowly paid posts will continue to be difficult in this City of full employment and the remedy seems obvious. Large numbers of wasp nests required attention during the Autumn and complaints received in connection with rodent and insect pests continue at a fairly high level comprising over 50% of all the complaints received. Complaints regarding unwholesome food and false descriptions made it clear that the public are becoming very conscious of faults in the food hygiene field. Publicity given by press, radio and the considerable influence of our local Consumer Group are obviously having effect.

Some noise nuisances again contributed to the problems presented to the Department and there were slight increases in the number of complaints regarding refuse accumulations and the keeping of animals. The City is happily free from large numbers of caravan dwellings, has no offensive trades, and only one set of premises in the City which could be classed as a Common Lodging House. Nevertheless, numbers of homeless persons wander about the City streets from time to time providing concern to both Police and Welfare Departments. Sleeping in condemned and empty property is fairly common as it is in most towns where any slum clearance or house demolition activity is being carried out. Verminous conditions of persons were, however, few and far between. The improvement of the Headington pet animal premises continued during the year and the closure took place of the one Riding Establishment at Headington which had caused some concern for several years. Conditions at the Greyhound Stadium continued to be satisfactory, there being only one or two complaints during the year about refuse disposal. The number of piggeries continues to decline and this is perhaps just as well, for most of them could do with complete modernisation.

About one-third of the total registrations under the Offices, Shops and Railway Premises Act have received attention and close collaboration has been established with the Fire Officer and the Factory Inspectors. While the work is bound to be something of a burden, it is already well absorbed into our general field of operations and should become well established as a regular feature. There were a fair number of accidents reported, all happily of a minor nature. Although inspections were not necessary in all cases, they were in fact carried out so that staff could gain direct experience in routine reporting of accidents. Only one application for exemption was received, and this in connection with sanitary accommodation. The Committee properly refused the application and construction of the necessary fitments was carried out before the end of the year. It is interesting to note that over 17,000 persons are employed under the provisions of the Act and this, coupled with the 20,000 or more persons employed in the Cowley industries, gives a fairly high figure of employment in the City in only two major sections of the employment available. OSR.1 forms are not always accurate nor complete, despite their simple nature, and inspection should be carried out as quickly as possible after receipt if facts are to be accurate. A number soon become out of date. The special report on lighting standards was not as comprehensive as I would have liked but it did give some idea of the conditions in a number of premises. It is hoped that further work on this circumstance can be carried out when opportunity affords.

The Smoke Control Areas continue to extend and the western boundaries of the City are now comparatively free from smoke nuisance as the railways are now fully served by diesel locomotives and the Power Stations operating on light oil fuel comparatively free from sulphur and, apart from occasional emissions, remarkably free from smoke. Inhabitants

generally are showing a growth of interest in and support for Smoke Control measures and there is little, if any, resistance to suggestions for extension of areas. Gas heating seems to hold great potential, although the National Coal Board are making strenuous efforts, both in industrial and domestic fields, with special attention to automatic firing in industry and the provision of solid smokeless fuels in the domestic field. These are excellent products, although somewhat expensive, and perhaps late in the day in the light of the progress being made by the Gas Industry. However, the public are given freedom of choice and they will decide.

Efforts are still being made to cope with the nuisance of noise and odour from the B.M.C. factory and Messrs. Lucy's seem to have achieved success with their new plant insofar as noise troubles are concerned. It is hoped that electrification of the heating system at the Foundry will also eliminate pollution problems. There were other noise nuisances involving various factory machinery, refrigeration installations, animals and, in one case, a Community Hall. Most were dealt with satisfactorily before the end of the year. Our noise level meter also proved useful in the Transport Survey undertaken by staff of the City Engineer and the City Architect.

Dry cleaning plants were specially scrutinised during the year in view of our previous experience with nuisance and a number of cases were found where conditions were not altogether satisfactory. Nevertheless this busy trade is operating generally in a nuisance-free manner and our work has, I feel sure, assisted a number of operators in giving attention to a problem which was not always apparent nor appreciated. Certainly there is constant need for care in maintenance of appliances with particular regard to escape of cleaning fluid and fumes.

The City Water Engineer's report shows that quality was satisfactory and there is no doubt that care in operation and control of water continues at a high level. It is further interesting to note that developments in the district are resulting in a new Water Board for the Oxford area which will extend its activities far beyond the City boundary. Sewage disposal, on the other hand, continues to give some concern because of the increasing use of water and the need to ensure a satisfactory effluent to the River Thames. Despite the modern plant provided some years ago, increasing demand makes extensions essential so that the effluent may satisfy the demands of the Thames Conservancy.

Housing activities received impetus with the appointment of Mr. Crossley from Halifax as a Specialist Housing Inspector. He has collaborated ably with members of the City Architect's and City Engineer's staff and also with those of the City Estates Surveyor in general housing appraisal. In particular, useful survey work involving social and housing conditions in the (Jericho) St. Barnabas area were carried out during the year and a potential Improvement Area in East Oxford was inspected and a report made to the Housing Committee. Full consideration is likely to be given to the Jericho area survey report early in 1966 but the outcome of

the East Oxford survey is in some doubt because of the bogey of "The Road" proposals which have been still further delayed by the action of the Minister of Housing and Local Government following the Enquiry. Multi-occupation gave rise to some interesting inspections and it is clear that this field of housing is likely to give much opportunity for activity in the future if improved conditions are likely to be secured.

In the realm of Meat and Other Food inspection, milk proved generally satisfactory and it is noted with relief that no raw milk is being sold in the City—in view of risk relating to Brucellosis infection. Both heat treatment and keeping quality proved good, while ice cream products showed high quality. Food premises were well covered by the Inspectorate and Food Hygiene Education and Publicity continued actively. Not the least important matter in this regard was the setting up of a successful Exhibition on Public Health Inspectors' work which was displayed for one month in the new Enquiry Office opened by the Library Department in The High. This was most effectively arranged and set up by members of the staff and there were excellent photographs and models prepared by them. The public showed considerable interest and it was gratifying to receive a number of commendations. The staff are to be congratulated on their practical interest in this work.

Food hawkers continue to operate in considerable numbers and there was a drive on hot dog stalls which are so popular in the central and East Oxford areas. Some prosecutions resulted and no doubt achieved a measure of improvement in food preparation and selling conditions. Quite a large number of unsatisfactory food purchases were the subject of complaint and a number of prosecutions resulted in that regard. Some heavy fines were imposed. Rotation of perishable food stocks continues to be one of the main problems but there is also need for somewhat more rigorous control over food handling staff, particularly in food preparation premises. In view of the high employment in this City and the comparatively low wages for kitchen staff, it is not surprising that more control seems essential. On the other hand, it is often not appreciated by the general public that their food service standards are basically the responsibility of workers in the trade who may not always be well educated nor highly paid and certainly carrying out much work that is onerous, repetitive and sometimes unpleasant. It is surprising, therefore, on reflection, that there are not more cases resulting in prosecutions but inspectors are continuously giving advice and encouraging those responsible to take greater care as appropriate.

Meat inspection showed that the number of animals for slaughter was reduced but the total for the year was still above average. All animals were examined and carcasses duly stamped. There is comparatively little meat lost on account of disease and little serious infection or serious pathological conditions noted. Conditions simulating Tuberculosis and instances of *Cysticercus bovis* (tape worm infestation) were noted only

in a few cases. Efforts to diagnose some of the tubercle-like conditions were made by the Public Health Laboratory Service but it is clear that this takes time and is often inconclusive. Nevertheless, it seems a pity that animal identification cannot be made compulsory throughout the marketing operations so that tracing back could be effective in all circumstances. This is probably too much to hope for but without it work of dealing with infections at the source is extremely difficult. Food and Drug sample results had no major surprises, although some concern was felt for a short while about soluble lead in some imported pencils which were found on sale in the town, despite Circulars regarding withdrawal issued by the Ministry. Samples taken showed considerable lead content but immediate withdrawal of stocks was required and carried out. One persistent complaint regarding possible effects of weed killer on vegetables in a local garden proved unfounded. It is thought that the complaint was probably due to excessive worry following national publicity on the use of weed killers and pesticides. This, of course, is a very topical subject but one of some complexity, although needing constant attention with a view to tighter controls.

The Public Health Laboratory Service once again demonstrated their important place in general public health protection work and gave excellent service to the Inspectorate. We were free from major food inspection problems during the year and, although certain samples of cream seemed persistently poor in bacteriological quality, the results underlined the obvious need for pasteurisation treatment before sale. Such advice was given but has not been so far acted upon. The local Consumer Group continue to show energetic interest in our work and they are constantly on the "qui vive" about matters involving consumer goods and purchases. One of our fertiliser samples was found, on examination, to be merely diluted horse urine and the result of soaking horse manure in water. Concentration of the chemicals proved very low and the solution of little fertiliser value, despite the comparatively high price. Proceedings taken by the Oxfordshire County Council proved unsuccessful.

Inspector Flockhart joined St. Peter's College in October after completing a Diploma in Public Administration at the Oxford University Extra-Mural Department and being successful in gaining a Mature Adult Scholarship. He hopes to complete a Degree in P.P.E. and much credit is due to him for his scholastic efforts and his intention to progress, although regretfully not in the field of Public Health. Other successes in the examination field included Inspector Newton, who passed the Examination of the Royal Society of Health for Smoke Inspectors, Mr. Coldham his Intermediate Examination in the Diploma Course for the Public Health Inspectors' qualification, and Mr. Rees his First Year Examination in the same Course.

I am once more grateful for excellent and loyal support from all staff and look forward to still further achievements in the coming year. It is a real pleasure to acknowledge sustained and progressive service by all

concerned but particularly by Mr. Woodward, as Senior Administrative Assistant, and my Deputy, Mr. Garrod, who at all times has been energetically engaged in supporting me and keeping the Departmental machinery on the move—always in the right direction. As usual, this Report is set out under the three headings (A) General Sanitary Circumstances, (B) Housing Conditions, (C) Supervision of Milk, Meat and Other Food Supplies.

(A) GENERAL SANITARY CIRCUMSTANCES

(i) Complaints and Inspections

Complaints received during the year are given in the table below, the increase in the total number being mainly due to a considerable increase in wasp infestations. These seem to alternate through successive years, having become a regular feature of the complaint pattern. Otherwise there is nothing outstanding to record. Inspections were increased in the fields of Housing, Clean Air, and in connection with Shops, Offices and Railway Premises, while Food Hygiene conditions continued to call for constant attention to food premises.

Complaints	No.
Accumulations of Refuse	26
Choked and Defective Drains	41
Defective Water Closets	9
Defective Water Supply	3
Dirty or Verminous Premises	32
Fumigation and Disinfection	28
General Housing Defects (including dampness)	56
Infestation by Insects and Pests	139
Infestation by Rodents	723
Infestation by Wasps	480
Keeping of Animals	13
Noise Nuisance	16
Obstructive Constructions	—
Offensive Odours	67
Overcrowding	6
Refuse Accommodation	6
Smoke Nuisances	23
Unwholesome Food, Containers and False Descriptions	125
Miscellaneous	22
	<hr/>
	1,815

Number and Nature of Inspections

Animal Nuisances	12
Drainage	377
Housing	2,472
Interviews	1,108
Licensed Premises	206
Lodging Houses	27
Miscellaneous	1,483
Multi-occupation	198
Overcrowding	6
Pet Animals	28
Pharmacy and Poison Sellers	48
Piggeries and Stables	73
Rats and Mice	8,800
Refuse Storage and Accumulations	240
School Premises	53
Moveable Dwellings	75
Verminous Conditions	37
Water Sampling	27
Insect Pests	929
Noise Nuisances	312
Health Education	41
Inspection of plans	355
Offices, Shops and Railway Premises Act Inspections	1,931

Atmospheric Pollution

Smoke Control Area	2,617
Smoke Observations ($\frac{1}{2}$ hour)	—
Smoke Observations (Casual)	222
S.O. ² Recording Stations	887
Boiler Plants	77
Grit and Odour	274
Clean Air Interviews	141

Food Hygiene

Food Hygiene Regulations	3,761
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(ii) Sanitary Circumstances of Aged Persons

Collaboration was maintained with the Welfare Section throughout the year in connection with the circumstances of aged persons living in unsuitable conditions. In this connection it is pleasing also to record the interest of the Undergraduates' Society, known as the I.V.S. Organisation, which undertakes practical help to aged persons in carrying out decoration, cleaning up, gardening, etc. This work is highly appreciated and is a sign that modern youth has not lost concern for the welfare of the

older members of the population.

During the year 6 cases involving 10 old persons were dealt with. Two of the cases involved circumstances where elderly ladies had lived for years in conditions deteriorating year by year until they could no longer be tolerated. Nevertheless, it proved extremely difficult to convince them of the need for removal to Welfare Homes. Appreciation has now been received, however, of the action taken, as the persons concerned are happily settled. This circumstance often proves true, that, despite objection and difficulty in securing the removal of elderly persons, very often they settle down happily and appreciate the change. It is distressing, however, when they do not and cannot settle down and much more needs to be done to find out means of overcoming the break with old scenes and conditions.

(iii) Lodging Houses

The Church Army Hostel in Cambridge Terrace continues in use for men requiring short-term sleeping accommodation. One hundred bed spaces are still available, mainly for working men, and the Charles Street annexe, which was partly demolished some time ago, is still used, although only for accommodating staff and a few lodgers. That there is need for an up-to-date premises is not open to question and the Church Army Authority are pursuing the possibility of new premises in the St. Ebbe's redevelopment area. It would seem that the site of the present Hostel is not likely to be immediately affected by redevelopment proposals and it may be possible, by arrangement with the City Council, to utilise it for the building of a modern Hostel which would provide much needed accommodation to many men not able to secure or afford more permanent facilities.

Very few cases of vermin infestation were reported in connection with lodgers, only four requiring treatment for body lice. The Homeless Families Unit at Slade Park, where treatment arrangements formerly operated, is now no longer available. Consideration was being given to new arrangements at the end of the year. While application of D.D.T. powder is useful, it is certainly not adequate for complete treatment and there is need for sterilisation of clothing and the provision of bathing facilities at an appropriate centre. Despite the considerable number of multi-occupied houses throughout the City, little cause for concern has been experienced in respect of verminous conditions. Inspections under the Multi-Occupation Regulations are proceeding and any prevailing insanitary conditions should be discovered as a result of the survey.

(iv) Moveable Dwellings

There are only 13 licensed caravans within the City (2 less than last year) on 6 small sites. There are also caravans occupied without licences—being exempt under the provisions of the Act—being those occupied by engineering and building, etc., labour working on sites in and around the

City. There seems to have been considerable improvement in the condition of sites on the fringe area of the City. They remain fully occupied, but it is interesting to note that there have been very extensive fines imposed on operators having caravan sites near the City for operating unsatisfactory caravan development. There is no longer any excuse for operators to neglect conditions on caravan sites as the income secured is usually more than adequate to permit the provision of modern amenities, including water supplies, drainage facilities, etc. This is particularly true of operators running large sites. Happily this City is free from any sites requiring major concern.

(v) Offensive Trades

There are no registered offensive trades within the City and, as previously reported, the marine store dealer operating in St. Ebbe's is not likely to operate much longer in view of the imminent redevelopment of St. Ebbe's.

(vi) Drainage

41 (33) complaints were received during the year with regard to choked or defective drains and this is by no means an abnormal number. No difficulty was met with in dealing with them through collaboration between the Drainage Section of the City Engineer's Department, our own staff and the Building Inspectors. There is surprisingly little trouble in connection with drainage and sewerage generally throughout the City, despite some difficult sections, but close collaboration between the officers concerned ensures prompt attention at all times.

(vii) Riding Establishments, Stables and Piggeries

The small private Riding Establishment mentioned last year as in difficulties has now closed down—the horses of the Establishment now used only for family use. One other small Establishment at Godstow was licensed during the year for use as a Riding School.

There remain 21 piggeries within the City, 10 being registered under the Diseases of Animals (Waste Food) Order. This number will probably be reduced as certain building development takes place, for land is extremely valuable in this built-up City and every possible site suitable for development is quickly taken up. Little complaint concerning these piggeries has been noted. 73 inspections were carried out during the year, with only one or two unfavourable reports as a result.

208 inspections of poultry and fish shops were carried out, having particular regard to conditions of crates and containers used for transport. Quarterly reports were submitted to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food. The information is useful to that Department, for it is responsible for the control of fowl pest and notifiable diseases of animals and poultry. The condition of crates

and containers is noted and advice regarding washing out, as necessary, is given, while need for cleanliness in handling and storage is pointed out.

(viii) Pet Animals

The number of premises licensed under the provisions of the Pet Animals Act increased from 7 to 9 and 28 visits were made to the premises. There is no adverse comment in connection with Pet Animal businesses as they seem to be well run and give little cause for concern. The Animal Boarding Establishments Act requires licensing of premises used for boarding animals and the number within the City has now reduced to one only. This is the premises at the Slade which was mentioned in last year's Report. General re-designing of the accommodation had been advised and the work required is being carried out gradually by the owner. While the premises have not been completely renovated, they should be finished by the summer of next year. It will be a relief to know that there is reasonable accommodation available here for up to three dozen animals during the summer holiday period when there is considerable demand. The only cat boarding establishment in the City has now closed down. This is a great pity for the lady proprietor ran an excellent establishment, having a very high standard of hygiene and an excellent record over the years of attention to the animals boarded there.

The Greyhound establishment still continues at Cowley with several trainers having greyhounds in sets of kennels operating under the general purview of the Greyhound Stadium Company. Conditions generally are reasonably good, although from time to time there has been trouble caused by inadequate care in dealing with kennel refuse. This was firmly dealt with and it seems now to be well in hand and it is hoped that no further difficulty will be encountered.

(ix) Factories and Workplaces

The Outworkers' register showed 47 persons as registered Outworkers carrying out work at home by arrangement with traders who send in work to them. As usual, the activities comprise mainly dress-making, toy-making, tailoring and the like, and each premises was visited during the year. Conditions were found satisfactory in all cases.

Outworkers (Sections 133/134)

Nature of Work	Section 133	Section 134
	Number of Outworkers Notified	Number of Contraven- tions
Wearing Apparel Making, etc.	39	Nil
Stuffed Toys	8	Nil
Textile Weaving	—	Nil
Jewellery	—	Nil

Some 77 inspections of factory premises were carried out during the year, which is a considerable reduction on the number during the previous year. This is, of course, allied to activity in relation to the Offices, Shops and Railway Premises Act, which occupied considerable time of Inspectors in their various districts. The table shows the number of premises on the register.

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	46	15	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	384	54	7	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	8	—	—
Total	438	77	7	—

Defects found in Factories

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1.)	—	—	—	1	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	1	1	—	—	—
(b) Unsuitable or defective	6	—	—	3	—
(c) Not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to Homework)	—	—	—	—	—
Total	7	1	—	4	—

(x) Offices, Shops and Railway Premises Act, 1963

The Act has now been enforced since May, 1964, with the provisions relating to health, safety and welfare in operation since 1st August, 1964, and, as requested by the Ministry of Labour, an Annual Report is submitted giving the general picture of operations during the year in connection with premises covered by the legislation. Close collaboration has existed during the year between the Factory Inspectorate and the Fire Officer. Discussion took place in regard to Local Authority premises on the standards of operation required and registration of premises generally proceeded in the normal way. The total number of premises registered at the end of the year was 1,628. This is still below the approximate estimate of 2,000 originally made. There is no doubt that there is a considerable amount of work of inspection to be done under the Act and to dovetail it with general inspections of other kinds is not easy, increasing the case load to be dealt with by each Inspector. Some districts have more registered premises than others and, unfortunately, they exist usually where other work also predominates. Specialisation is obviously the answer in such areas.

In this Department arrangements were made for two senior appointments of divisional status and the two Inspectors concerned were given the responsibility of dealing (a) with all accidents reported throughout their divisions, and (b) to collaborate with the District Inspectors in connection with primary inspections and systematically with such assistance as necessary to deal with difficulties or problems met with in practice.

The following is a table of visits and premises with relevant information regarding the inspections carried out.

Position as at 31st December, 1965

<i>Registrations and General Inspections</i>			
	<i>Registered during year</i>	<i>Total No. registered at end of year</i>	<i>No. of premises receiving general inspection</i>
Offices	46	606	138
Shops	54	842	303
Wholesale shops, ware- houses, etc. ..	3	45	17
Catering establishments, canteens	8	130	38
Fuel storage depots ..	1	5	3
	<hr/>	<hr/>	<hr/>
	112	1,628	499
	<hr/>	<hr/>	<hr/>

					<i>Found</i>	<i>Complied with</i>
No Thermometers	..	..	..	..	214	121
No First Aid Kits	..	..	..	..	185	118
Inadequate washing facilities	..	..	..	..	86	46
Inadequate ventilation	..	..	..	..	56	6
Defective floors and passages, etc.	..	..	..	..	42	27
Redecorations and cleaning required	..	..	..	..	38	20

There were 67 accidents reported, 49 of them being from shop premises. None was serious. 31 were as a result of falls, trips or slips on steps, etc. In order to gain experience in reporting, all accidents were followed up fully and the Divisional and District Inspectors concerned gained first hand experience of dealing with the form of report issued under the Shops and Offices Act.

One application for exemption under Section 9—referring to sanitary accommodation—was received during the year but was refused by the Health Committee following a report which showed that the provision on the premises of the necessary accommodation was easily practicable. The work was carried out satisfactorily by the end of the year.

It is interesting also to note that 17,554 persons are employed in the premises registered in the City, comprised of 7,608 males and 9,946 females. Offices employ 8,618 persons, retail shops 6,628, wholesale departments and warehouses 731, catering establishments 1,347, canteens 143 and fuel storage depots 87.

A check on registration particulars at the end of the year showed that a fair number of original classifications needed amendment in the light of subsequent inspection. Particulars on OSR.1 are not necessarily as accurate and complete as they should be and there are also changes from time to time fairly quickly after the submission of forms. If practical inspections are not carried out quickly after submission of forms quite notable changes are possible, even including changes of firms and addresses. Ideally inspections should be carried out immediately after receipt of the OSR.1 but this may not be always possible.

Lighting Conditions

As set out in L.A. Circular 9, a special report on lighting standards is herewith submitted, considering each of the four heads mentioned.

1. General impressions

General impressions seem to be that in the working area of shops, particularly at counter level and where customers are served, lighting is often more than enough, and adequate in most general areas used for breaking bulk or the like. In certain rear parts of shops used for storage and in corridors, lighting seemed below standard, the lowest reading being only 3 lm/sq. ft., although the highest was no less than 50 lm/sq. ft. ! This was in the basement of a restaurant. In so far as natural lighting is

concerned, there was considerable variation from readings of $\frac{1}{2}$ —1 lm/sq. ft. to a maximum of 25. Average shop readings on general working surfaces were 3—12 min./max. (natural) and 23—33 (artificial). The rear premises of a number of shops averaged 6 (natural) and 16 (artificial). The few offices examined gave readings in the working areas from 5—45 (natural) and 13—120 (artificial), the lowest being in a Manager's office and the highest in an Assistant Manager's Office! General averages worked out at about 29 (natural) and 50 (artificial). Natural lighting in staircases, corridors and wash places varied from 0—6 (average 5) and 1—60 (average 19) artificial lighting.

2. Examples of unsatisfactory lighting

In the case of shops there were 13 recordings of one lm/sq. ft. or less (natural light) associated with artificial lighting to the order of 18—74. This indicated the effort made to improve on the poor natural conditions in the buildings. In one kitchen even the artificial lighting provided only 3—4 lm/sq. ft. and a stockroom showed only 4 lm/sq. ft. with complete absence of natural lighting.

3. Advice on standards

This has been based on the recommendations contained in the Post War Building Study 30, "Lighting of Office Buildings" by the Building Research Board of the D.S.I.R.

4. Excessive Glare

No complaints of excessive glare were received, nor were any such conditions noted on inspection.

November Survey

The number of measurements on working areas in a few offices inspected during the month were as follows:—

(a) Less than 5	..	..	..	..	..	1
(b) 5—9	..	..	..	..	..	3
(c) 10—14	..	..	..	..	..	2
(d) 15—24	..	..	..	..	..	4
(e) 25 +	..	..	..	..	..	11

Averages taken out for the comparison of working areas of shops with the selling areas were as follows:—

Working Areas	Natural lighting 6 lm/sq. ft.
	Artificial lighting 16 lm/sq. ft.
Selling Areas	Natural lighting 12 lm/sq. ft.
	Artificial lighting 33 lm/sq. ft.
Rear of selling areas used for stock purposes—	
	Natural lighting 3 lm/sq. ft.
	Artificial lighting 23 lm/sq. ft.

(A) REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	46	606	138
Retail Shops	54	842	303
Wholesale Shops, Warehouses	3	45	17
Catering establishments open to the public, canteens	8	130	38
Fuel storage depots	1	5	3
Totals	112	1,628	499

TOTAL NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES UNDER THE ACT—1,931.

(B) ANALYSIS OF CONTRAVENTIONS

Contraventions in respect of		Found	Contraventions in respect of		Found
Sec. 4	Cleanliness	38	Sec. 13	Sitting Facilities	12
Sec. 5	Overcrowding	10	Sec. 14	Seats for sedentary workers	Nil
Sec. 6	Temperature	214	Sec. 15	Eating facilities	Nil
Sec. 7	Ventilation	56	Sec. 16	Floors, passages, stairs	42
Sec. 8	Lighting	24	Sec. 17	Fencing of exposed parts of machinery	4
Sec. 9	Sanitary Conveniences	36	Sec. 18	Protection of young persons from dangerous machinery	Nil
Sec. 10	Washing facilities	86	Sec. 19	Training of persons working at dangerous machinery	Nil
Sec. 11	Supply of drinking water	6	Sec. 23	Prohibition of heavy work	Nil
Sec. 12	Accommodation for clothing	21	Sec. 24	First Aid—general provisions	185
			Total		734

(C) Exemptions—Nil. (1 application received, but refused)

(D) Prosecutions—Nil.

Number of complaints (or summary applications) made under section 22—Nil.
Number of interim orders granted—Nil.

(E) Inspectors

- 1. Number of inspectors appointed under Section 52 (1) of the Act—12.
- 2. Number of other staff employed for most of their time on work in connection with the Act—1.

(F) Reported Accidents

Workplace	Number reported		Total Number Investigated	Action recommended			
	Fatal	Non-Fatal		Prosecution	Formal Warning	Informal Advice	No Action
Offices ..	—	10	10	—	—	3	7
Retail Shops ..	—	49	49	—	—	9	40
Wholesale Shops, Warehouses ..	—	2	2	—	—	—	2
Catering establishments open to public, canteens ..	—	6	6	—	—	1	5
Fuel storage depots ..	—	—	—	—	—	—	—
TOTALS ..	—	67	67	—	—	13	54

In general terms it can be said that artificial lighting predominates throughout shops and offices with natural lighting often somewhat low, particularly where streets are narrow, so reducing the degree of visible skyline. While readings throughout were patchy, general averages seem satisfactory but there was considerable difference between the areas used for stock rooms and working purposes when compared with the retail sale and presentation areas. Much more attention is obvious to outward show lighting for retail purposes than the actual working conditions for the staff in the premises. Banks, Insurance Societies and offices where money is handled seem well lighted, while kitchens and working surfaces in restaurants could generally be classed as inadequate.

An opportunity was given during the year to the Chief Public Health Inspector to address the Oxford Trades Council. Particular interest was shown in the way the survey of shops and offices was being conducted and the standards adopted generally.

(xi) Pest Extermination

The year under review proved rather difficult because of shortage of staff. It seems fairly evident that labour difficulties may continue in this connection as wage rates are somewhat unattractive for this specialised form of labour within the Local Authority activities, despite the fact that wages paid are in accordance with the Joint Industrial Council rates. Unfortunately there is little opportunity for additional or extra payments in connection with the work and it has proved very difficult to recruit suitable labour for this work.

There is a continual record of complaints concerning infestations by rats and mice and insect pests of various kinds, and, as this year, a rather high incidence of wasp infestations, often causing a little panic in some domestic and commercial quarters. Some thought will be needed to the future staffing of this Section and, as a first step during the year, one of the Senior Inspectors was asked to undertake overall responsibility for supervision and advice on pest extermination with particular regard to problems affecting hospitals and colleges and commercial premises where particular attention was needed to the prevailing conditions.

The contract system continues to work quite smoothly, but from time to time signs of cockroach infestation in one or two of the older buildings give rise to concern and there is no doubt that without appropriate structural repair and improvement these infestations will never be completely eradicated. Spraying against infestations is proving somewhat difficult because two of the three members of staff are medically unfit for such work and the responsibility thrown on the third member of the group is at times too great. The whole work of pest control is embarrassed by labour difficulties and further thought is being given to ways and means of improving the circumstances so that work may proceed successfully.

There was considerable infestation by wasps during the year and this inevitably took up quite a lot of time and, while highly appreciated by



WASPS NEST (2 FT 6 INS \times 2 FT.)
IN A MODERN HOUSE ROOF

facing page 198

residents, caused no little expense as the work is done—on the instruction of the Health Committee—without charge. Regular attention was given to the City refuse tips and visits paid, as found necessary to the sewage works for rat destruction work. It was possible during the year to retreat part of the City sewerage system with Fluoroacetamide but the results were most confusing because of an unfortunate back-flooding of the sewers at the time of treatment. This removed many baits from the manholes and made a reasonable assessment of takes impossible. Arrangements are accordingly in hand for yet another attempt in the Spring of 1966 to find the true extent of infestation in the sewers. The City Engineer's Drainage staff co-operated well with us, as did the staff of the Chief Constable, and such assistance made our task very much easier.

Thanks are also again expressed to Professor Varley and his staff at the University Hope Entomology Department, as they were again most helpful in regard to identification of specimens.

Prevention of Damage by Pests Act, 1949

Report for Year ended 31st December, 1965

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Cols. (1) (2) & (3)	
Number of properties in Local Authority's Dis- trict	394	30,230	6,460	37,084	19
Number of properties in- spected as a result of:					
(a) Notification ..	22	402	96	520	—
(b) Survey under the Act	—	—	—	—	—
(c) Otherwise (e.g. when primarily visited for some other purpose) ..	66	2,229	2,586	4,881	—
Total inspections carried out—including re- inspections	270	5,371	3,159	8,800	—
Number of properties in- spected which were found to be infested by:					
(a) Rats { Major ..	—	—	—	—	—
{ Minor ..	23	424	85	532	—
(b) Mice { Major ..	—	—	—	—	—
{ Minor ..	12	115	51	178	—
Number of infested proper- ties treated by the Local Authority	35	539	136	710	—
Total treatments carried out—including re-treat- ments	101	700	193	994	—
Number of notices served under Sec. 4 of the Act					
(a) Treatment ..	—	—	—	—	—
(b) Structural work ..	—	—	—	—	—
Legal Proceedings ..	—	—	—	—	—
Number of "block" con- trol schemes carried out	—	—	—	—	—

Visits by Operatives in connection with Rodent Extermination

Local Government Premises						<i>Totals</i>	
1st Visits	..	..	..	..	..	30	
Re-visits	..	..	..	..	..	204	234
Dwellinghouses							
1st Visits	..	..	..	..	..	412	
Re-visits	..	..	..	..	..	3,142	3,554
Business Premises							
1st Visits	..	..	..	..	..	58	
Re-visits	..	..	..	..	..	573	631
University Premises							
1st Visits	..	..	..	..	..	18	
Re-visits	..	..	..	..	..	207	225
							<hr/>
							4,644
							<hr/>
Poison							
Baits laid	..	..	..	..	..	9,215	

(xii) Atmospheric Pollution

Smoke Control Area No. 5 was prepared during the year and presented for confirmation in November. This Area, contiguous to Area No. 4 west of the centre of the City, covers 345 acres and 1,018 dwellings. It is hoped very soon to extend Smoke Control over the whole of the City in sections and the Health Committee will be asked to confirm a programme involving at least one Smoke Control Area per year for the next decade.

Installation work in Area No. 4 proceeded smoothly during the year, it being notable that gas fires predominated in conversion work. Considerable interest has been shown in the installation of gas fires and the use of solid fuel for open appliances certainly seems to be losing ground. The use of openable stoves is not as popular as might be expected, despite their overall economy, particularly when utilised for the general overall heating system in a dwellinghouse. Electricity seemed only to play a small part in the Area conversions, although it is understood that there is considerable general demand for off-peak storage heaters. This was not apparent in the Smoke Control Area No. 4. Oil also was comparatively low in domestic demand, although it continues to be popular in industrial and commercial undertakings.

It was possible to collaborate fully with both Planning and Engineering Departments of the Corporation in connection with plans involving installations of heating plant with calculation of chimney heights where appropriate. Few notifications were received during the year in connection with the installation of furnaces, although 19 plans were examined for details of chimney and boilerhouse, etc., construction, while one application only for prior approval was presented by the installer of a boiler

plant and granted. As mentioned last year, a considerable amount of time is spent in negotiating adequate chimney heights within the general pattern set by the Planning Department in an attempt to preserve Oxford's skyline. There are, of course, quite often conflicting interests—involving, on the one hand, preservation of amenity, and, on the other, reduction of health hazard due to likely excessive local pollution and unfortunately it is not always the latter which prevails. Certainly, as far as possible, in the City centre involving an approximately three-quarter mile radius from Carfax, fuel used is restricted to low sulphur content quality. It is highly desirable that persons and/or firms having the privilege of living or working in the City centre should help by all possible means to preserve its historic character and assist the considerable activity and expense associated with the restoration and cleaning of the priceless structures forming many Oxford colleges and City buildings. Unless precautions are taken, pollution could easily become of considerable concern in the old City and University centre and so undo much of the excellent work carried out of recent years.

There was reduced complaint in regard to Cupola operations at Messrs. Lucy and Company's Eagle Iron Foundry, although, from time to time, acrid effluent did reach ground level when the weather was conducive to down wash. This seems unavoidable under certain circumstances but it is understood that electrification of the foundry operation will take place this year. This should assist considerably towards cleaner air in the vicinity.

Insofar as paint odour was concerned at Morris Motors, again it has been disappointing that little in the way of progress has been achieved. Certainly the firm managed to get a special thermocouple unit for temperature recording in the booths of the Paint Shop and certain attempts were being made at the end of the year to record temperatures. These temperature records are, of course, part of the preliminary work needed to assess how far alterations in the heating technique might be of value. This will take more time. Meanwhile, odour continues, being at times quite nauseous, although restricted, so it is thought, to the use of certain types of paint suspected by the Consultant Biochemist as the probable source of the nauseous odour. Perhaps 1966 will see a solution found.

It is gratifying to report at long last the end of the smoking steam locomotive on the Oxford section of British Rail. General passenger traffic is now drawn by diesel/electric locomotives and many goods vehicles are similarly operated. Photographs associated with this report suggest an improvement from the atmospheric pollution point of view! It is now hoped that it will not be long before Oxford has a new Railway Station. This is long overdue and should tidy up considerably what is otherwise a miserable westward approach to the City.

Dry cleaning plant throughout the City continues to interest the Department because of our previous experience with Perchloroethylene vapour nuisance. Our activities during the year did not result in further



SMOKE NUISANCE 1955
BRITISH RAIL



CLEAN AIR 1965
BRITISH RAIL

facing page 202

nationwide publicity but the work carried out has been, it is felt, well worthwhile. Every dry cleaning plant has been surveyed and each application for installation leads to a careful check against possibility of fume problems. While precautions are considered by some interested parties to be over-emphasised, our experience is to the contrary. It is therefore extremely gratifying to receive from one very active member of the dry cleaning trade actual commendation for the work carried out because of benefit achieved in saving of expensive dry cleaning fluid, the finding and rectifying of certain defects in dry cleaning installations, and, of course, not least important, in the elimination of odour, etc., nuisance. Good ventilation in the vicinity of the installation and careful siting of effluent exits are matters of importance. Constant checking of recovery apparatus associated with the plant is highly important if a high degree of efficiency in operation is to be assured. The number of dry cleaning premises operating dry cleaning machines in the City is 15 and all were subjected to inspection and investigation during the year.

Your Chief Public Health Inspector was re-elected for the year, Chairman of the South-East Division of the National Society for Clean Air and Alderman Bromley and Councillor Constable continue to support the Society as representatives of the Health Committee. It is a pleasing but regretful matter to say "thank you" to Mr. F. Parker, the Senior Technical Assistant at the Inorganic Department of the University, who has for so many years assessed sulphur levels from the lead peroxide instruments. These were withdrawn at the end of the year as having fulfilled their purpose. Thanks are again expressed to Professor Gilbert of the University Geography School and his staff for assistance in meteorological information, and to Messrs. Pringle and Everett, the Chief Engineers of B.M.C. and Pressed Steel factories respectively, who, with staff, have continued to take practical interest in atmospheric pollution matters. Improvement in appearance of the City and University centre continues. The Redevelopment Plan, when a practical proposition, will do much more to improve both appearance and use of the St. Ebbe's, central and westward areas of the City, so adding additional lustre and interest to a scene of international reputation.

(xiii) Noise Nuisances

There were some 16 noise nuisance complaints received during the year and all were dealt with informally. By the end of the year the new generating turbine and alternator apparatus of Messrs. Lucy's Eagle Iron Foundry were fully operative and—much to the relief of the nearby residents and this Department—operating quietly and efficiently without vibration. Careful balancing of the machinery, coupled to full operation of the boiler plant, which acts to some extent as a silencer for the large volume of waste gases passing through, seems to have achieved a satisfactory standard of operation. Whether this will always be the case is a matter for conjecture but "hope springs eternal!"

CITY OF OXFORD

QUARTERLY AVERAGES OF ACID GASES AND SUSPENDED SOLIDS

SITE:-

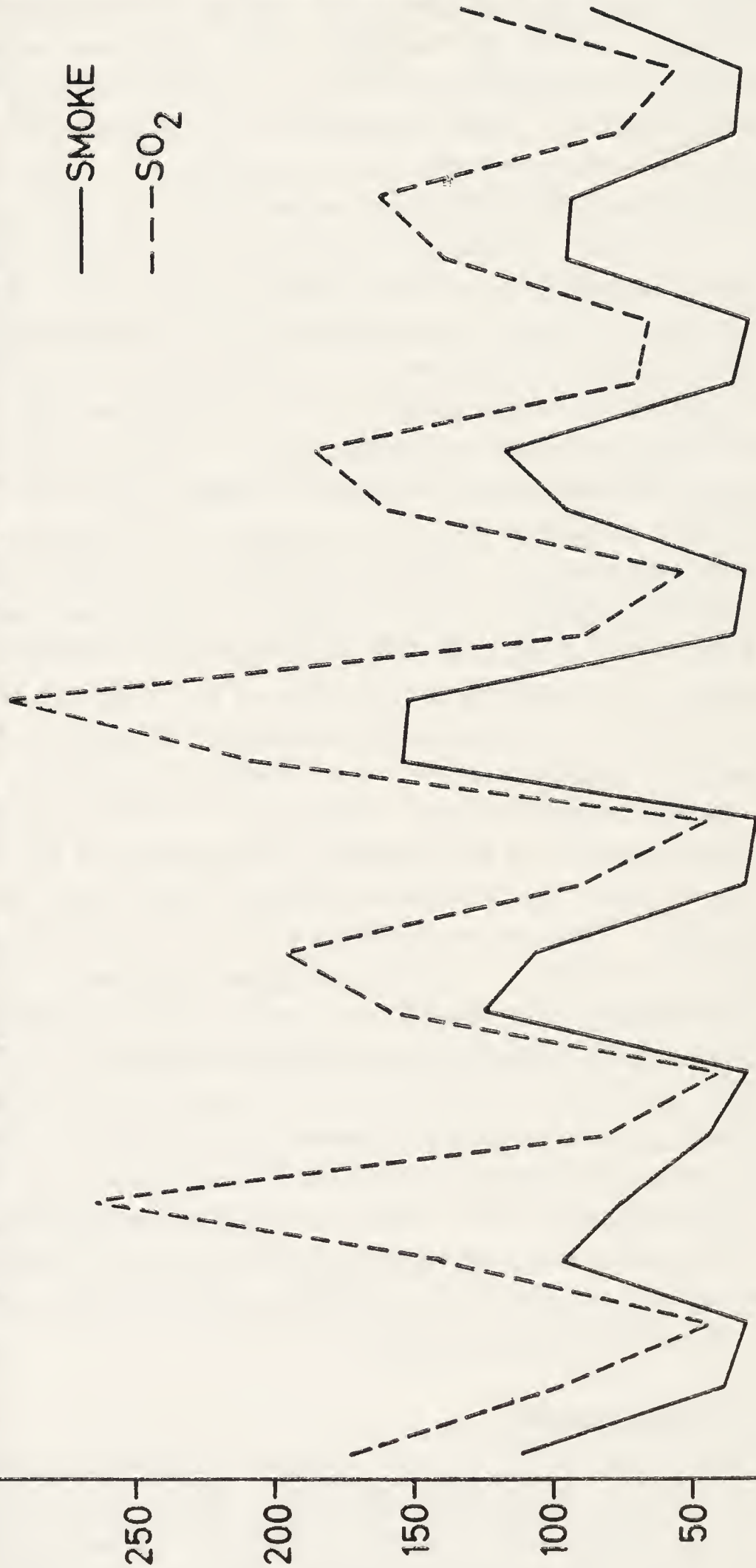
PEMBROKE ST.

ST. ALDATE'S

1960				1961				1962				1963				1964				1965															
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D

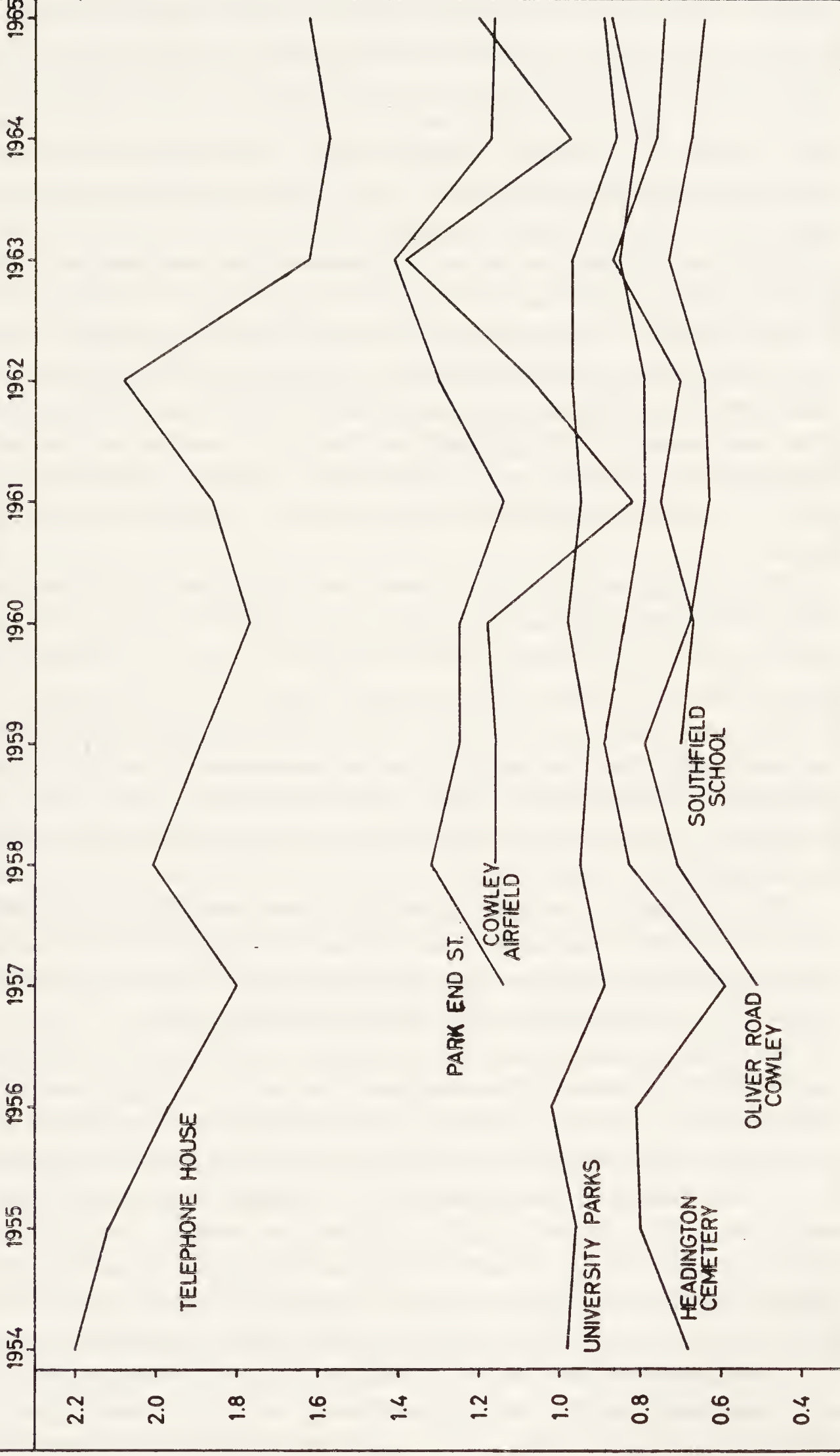
MICRO-GRAMMES PER CU. METRE

— SMOKE
--- SO₂



SO₂ TRENDS

ANNUAL AVERAGES LEAD PEROXIDE STATIONS



More time was spent on investigation of the Morris Motors factory nuisance with little actual improvement or progress noted by the end of the year. A report by the Consultants from Southampton University advised the use of a special purpose-made silencer. A prototype was made and fitted by the factory staff and tests on the stack treated showed a drop of one or two decibels. The firm was of opinion, however, that the construction was too cumbersome and cost excessive for each of some 60 stacks. They decided to conduct their own investigation and subsequently constructed one or two fitments of their own design on some of the fan stacks in an endeavour to secure improvement. A slight reduction in sound emission was achieved and they hoped to continue with such stack amendments as labour became available for the purpose. So far results have been disappointing after all the work done in connection with noise assessment and it is hoped that there will not be further delay in dealing with the problem, which has been a constant source of annoyance and is, at times, particularly objectionable to residents near the Paint Shop.

The keeping of dogs also formed the subject of complaints for it is evident that the public are becoming more and more noise conscious and anxious to have unnecessary noises stopped as soon as possible. Nevertheless, there still seems little practical action to secure proper control of noise from some motor vehicles in this modern car age when reverberation and racket due to rapid acceleration seems one of the joys of modern transport! The fact that it may be contravention of the law accounts for nothing and certainly little seems possible by the already heavily committed Police Force, mainly because of the lack of time and staff.

The complaint of noise from the deep freeze installation at Headington was resolved by the end of the year. The operating firm moved away from the district and incoming occupiers dealt with the noisy fans and will not require to use refrigerated vehicles with charging plant.

A certain amount of noise was also the subject of complaint at Blackbird Leys estate. The occupants of one of the high blocks of flats suffered from excessive noise from the Community Centre below and, on the closing of the premises at nights when persons were leaving the Club, motor-bikes added to the general din. Informal steps secured improved conditions. The Police helped to reduce the amount of vehicle noise to reasonable proportions. Noise from John Allen's factory at Florence Park opposite the Cowley Centre was also successfully dealt with, an exhaust outlet being satisfactorily baffled and loud hailer equipment silenced.

Complaint persisted about conditions at the Clarendon Press, where some noise is created by printing machinery in factory buildings adjoining residential property. Steps were taken by the Press to improve circumstances at the south side of the factory, but the opening of windows in hot weather on the north side permits noise to be heard quite clearly in houses nearby. Closure of the windows leads to uncomfortable working conditions so the management hope to take steps in early course which will

solve the whole problem. Fumes blowing down from an effluent stack serving printing presses also caused discomfort to residents. Special experiments with new inks have been undertaken which have given promising results, and, if successful, their use will eliminate this particular nuisance.

The Departments of the City Architect and City Engineer were interested in the use of our Sound Level Meter during the year in connection with road noise levels. A survey showed fluctuating and fairly high levels of noise at certain points along streets in the central area of the City. Traffic noise reaches peaks at certain hours associated with morning opening of shops and offices, lunch and tea breaks, etc., and build up of vehicles at street junctions served by traffic lights. Offices, shops and other occupied premises near such road junctions suffer considerably from both noise and exhaust fumes. Progress in reducing such nuisances is likely to be slow because of delay in road traffic improvement and re-alignment of central streets.

Opening of a number of new factories on redevelopment sites during the year produced no noise nuisance complaint, the reason being, of course, isolation of any noisy factory processes on sites away from residential neighbourhoods.

(xiv) Radiation Hazards

Registration of the use, storage and disposal of radioactive material continued during the year in conformity with the Radioactive Substances Act, 1960, and Certificates were received from time to time covering use or cessation of use, as the case might be, of radioactive material at hospitals, University Departments and general industry. A total of 30 premises are on the Register in connection with Section 1, which relates to the keeping and use of radioactive material, and 25 registrations exist under Section 6, relating to disposal of radioactive material. In no case did disposal exceed or even approach the maxima authorised by the Certificates concerned. There are national arrangements for dealing with incidents involving radioactive substances involving danger to the public health and, while the Police have responsibility for channelling messages to the appropriate experts, the local Radiation Protection Officer works at all times in close collaboration with the Police, Health, Engineering and Water Departments. There is no doubt that with the increasing importance and use of radiation materials, constant vigilance on such health hazards is an important factor and must never be relaxed.

The Department is grateful to Mr. R. Oliver, M.A., M.Sc., the local Radiation Protection Officer, for notifications of disposal of active substances in accordance with the Act.

(xv) Swimming Baths and Bathing Facilities

There are now 15 instructional pools provided at schools throughout the City and increasing interest in the teaching of swimming throughout

Youth Organisations. This means that almost all-the-year-round swimming can be practised in certain schools in the enclosed pools provided. Chlorination is, of course, essential with filtration and treatment units on an automatic basis in most installations. Break-point chlorination is the best system for ensuring maximum safety from the health point of view and also satisfactory conditions in respect of comfort for the bathers with freedom from irritation, odour and debris problems. Such a system, however, requires constant attention by a person in charge of each pool. Towards the end of the year, therefore, arrangements were in hand for a general "get-together" with Education Department schools staff and Public Health Inspectorate in order to discuss the practical application of testing routine throughout the bathing season. With the growth in the number of swimming pools a great deal of time would be needed by Inspectors for constant visitation sampling. Proper instruction to caretakers, attendants, or even teachers, where appropriate, is proposed so that the condition of the water may receive constant oversight and occasional check sampling only will then be necessary by the Public Health Inspectorate as additional precaution. It is hoped that this system will operate during the coming year.

20 samples were taken from school pools and 10 from the treatment pools at the Nuffield Orthopaedic Hospital. At this Hospital a new treatment installation has been completed (an Aquaskim plant) which appears to be working very well after some initial "teething trouble". The staff of the City Water Engineer also took 12 samples from both inlet and outlet at the Temple Cowley baths during the year, all being satisfactory. Open bathing places on the Rivers Thames and Cherwell continue to be heavily used during the fine weather and, of course, sampling is useless at these sites because of the open and fluctuating conditions. There were no untoward incidents involving swimming water during the year and the City is fortunate in having so many sites available for both public and school children.

The following is a list of the bathing places now available in the City:

School Pools

Wood Farm

New Marston

Headington Girls'

Milham Ford

Cotteslowe

Summerfield

Oxford High School for Girls

Rose Hill

St. James C. of E., Beauchamp Lane

Blackbird Leys

Bartholomew Road

Bishop Kirk C. of E.

St. Mary and St. John, Hertford Street

St. Edward's
Wolvercote

River Bathing Places

St. Clement's
Long Bridges
Tumbling Bay
Wolvercote

(The Dragon School and others use the River Cherwell for school use)

Public Bathing Places

Temple Cowley covered swimming bath.
Hinksey Pools (open air)

(xvi) Water Supply

The report of the City Water Engineer, Mr. H. H. Crawley, M.I.C.E., P.Pres.I.W.E., is given herewith.

Throughout the year the supply to consumers was adequate and no restrictions had to be imposed.

The total quantity of water treated at Swinford Works and pumped to supply during 1965 was 3,509,966,000 gallons, a decrease of 95,745,000 on the quantity treated in 1964. The decrease was largely attributable to the wet summer which made garden watering unnecessary.

After deducting metered supplies, the average consumption per head per day was 26.9 gallons.

The quality of the water supplied was satisfactory.

Bacteriological Examinations

Samples of water from the River Thames were taken each month together with samples after settlement, after filtration and of the final water leaving Swinford Works. Examination of these samples by the Public Health Laboratory gave the following ranges in the probable number of coliform bacilli (2 days at 37°C) per 100 ml:—

River Water samples	..	..	170 to 170,000
Settled Water samples	..	..	0 to 0
Filtered Water samples	..	..	0 to 0
Final Water samples	..	..	0 to 0

Bacteriological samples were taken at least weekly from each of the various service reservoirs and from consumers' taps throughout the area of supply with the following results:—

Place of Sampling	Total No. of samples taken	Results		Satisfactory samples as percentage of total number %
		Satisfactory	Unsatisfactory	
Beacon Hill Reservoir	52	52	—	100
Headington „	53	49	4	92.6
Shotover „	54	52	2	98.1
Boars Hill „	51	50	1	98.0
Brasenose „	52	51	1	98.2
Wootton „	51	48	3	94.2
Noke „	52	50	2	96.0
Consumers' Taps	242	227	15	93.7
Totals ..	607	579	28	95.4

Chemical Analyses

	Raw Thames Water		Filtered Water	
	Max.	Min.	Max.	Min.
Physical Characters—				
Turbidity: units	40	5	.50	.01
Colour (Burgess Scale)	Opaque	13	14	7
pH	8.1	7.3	7.8	6.9
Electrical conductivity at 20°C ..	608	527	676	553
Chemical Characters—				
Total Solids dried at 180°C ..	502	390	490	315
Chlorides as Cl	41	30	47	29
Nitrite Nitrogen	Trace	0	0	0
Nitrate Nitrogen	7.7	4.4	7.3	3.6
Ammoniacal Nitrogen .. ..	.40	.04	.68	.02
Albuminoid Nitrogen .. ..	.39	.16	.30	.11
Oxygen absorbed: 4 hours at 27°C	4.13	1.16	1.40	.24
Alkalinity as CaCO ₃	246	178	214	163
Hardness as CaCO ₃ —				
Carbonate	246	163	214	163
Non-carbonate	120	61	138	63
Total	344	264	338	264
Free Carbon dioxide as CO ₂ ..	3.0	0	36.0	Trace
Residual chlorine	—	—	.66	0
Metals	Nil	Nil	Nil	Nil
Phosphate as PO ₄	7.2	2.0	.60	Nil
Silica as SiO ₂	41.0	6.0	12.0	1.0
Fluorides .. ..	.20	.20	.16	.16
Detergent as Manoxol O.T. ..	.40	.20	.40	.20

The number of dwellinghouses in the City is 30,152, all of which are directly supplied.

In addition there are 68 caravans supplied by standpipes.

The total population of the City is 109,320, of which it is estimated there are 204 persons living in caravans.

The construction of Farmoor raw-water storage reservoir was finished during the year.

Filling was completed in July and the 930 million gallons now stored forms a valuable reserve against low flows in the Thames.

(xvii) Sewerage and Sewage Disposal

The sewerage system operates under the jurisdiction of the City Engineer and Surveyor and it is appropriate at this point to record gratitude to the City Engineer and Surveyor, Mr. J. Campbell Riddell, B.Sc., M.I.C.E., M.I.Mun.E., who retired during the year. Mr. Riddell has been most helpful for many years to the Department and has at all times placed information at our disposal and given appropriate assistance when required. I, personally, express my appreciation of his help. Mr. A. T. Morris, M.I.C.E., M.I.Mun.E., A.M.T.P.I., has succeeded Mr. Riddell and we look forward to a period of helpful collaboration no less than that in the past. Mr. Lewin, the Sewage Works Manager, continues to supervise the modern sewage pumping and purification plant situated at Littlemore, where further improvements are being carried out in order to cope with the constantly rising demand for treatment. Effluent discharged into the River Thames has not always been completely satisfactory in quality to meet the demands of the Thames Conservancy Authority and settlement lagoons are being increased in capacity in order to improve final effluent. Average throughput is running at approximately $7\frac{1}{2}$ million gallons per day with a tendency to increase. Capacity, therefore, is being extended to a maximum nearer 10 million gallons per day with increasing attention to aeration treatment so as to ensure a better final effluent. There is shortage of land suitable for sludge settlement and mechanical methods are to be utilised to try and cope with otherwise costly sludge disposal associated with the need to ensure adequate treatment.

There are about 100 cesspools serving premises within the City and these are emptied at regular intervals, on request, by either the Corporation through its Cleansing Department, or by a private firm operating a pumping unit serving the district. A charge is made for the emptying service. No complaints were received during the year in connection with the emptying of the cesspools.

(B) HOUSING CONDITIONS

With the appointment of a Specialist Housing Inspector during the year, it was possible to devote more particular attention to various aspects of housing conditions in the City. Opportunity was taken to commence a series of surveys of property considered suitable for housing action and improvement standard assessment under the powers recently promoted in connection with Improvement Grants, and investigation into multi-occupation problems was commenced. One of two Technical Assistants appointed during the previous year assisted Mr. Crossley, the Housing Inspector, in his investigatory work. A small team was created, including the District Inspector concerned, for the production of reports in connection with housing problems. The Jericho (St. Barnabas) area was

found to be an area suitable for a social and housing survey in collaboration with the Planning Section of the City Architect's Department, together with the Project Team for central redevelopment of the City. This circumstance arose mainly because of the coming on the market of a block of property in the Cranham Street/Cranham Terrace area previously purchased by a private Company and later sold as a vacant site for future development to the City Council.

Accordingly it was agreed to carry out a Housing and Social Survey over the whole area so as to secure as much information as possible in connection with (a) housing conditions, (b) family circumstances, (c) transport, (d) community interests, (e) places of work and business and the general attitude of occupiers to living in the area with any desire to move in the event of redevelopment. The survey proceeded very smoothly and it was confidently hoped that before Easter, 1966, a complete file of information would be in the hands of the appropriate officers for report to Housing Committee and further consideration to the future development of the area. This opportunity for close collaboration with other Departmental officers was welcomed and has proved of great value. Those taking part included officers from the City Estates, City Engineer's, City Architect's and our own Department. Solid progress should be achieved by such comprehensive approach to social and environmental problems within the City. Further information is given at the end of the Report.

It was possible during the year to represent 20 dwellings to the Housing Committee as unfit for human habitation, one of them being a basement room only. 10 Closing Orders were made, 59 houses demolished, and 5 Undertakings not to relet were also accepted. 23 Certificates of Unfitness were submitted to Committee relating to premises owned by the City Council and considered unfit for further habitation. 4 houses were made fit by the completion of works to satisfy schedules sent to owners, resulting in the revocation of 2 Undertakings, 1 Closing Order and 1 Demolition Order. Only 2 statutory notices under Section 9 of the Housing Act were authorised during the year. One was, in fact, not issued as most of the works required were carried out by the owner in anticipation. 54 families were rehoused by the Housing Section of the City Estates Department as a sequel to housing action taken by this Department and only 3 applications for Certificates of Disrepair were received under the provisions of the Rent Act—2 Certificates being issued and in the third case works of repair were completed satisfactorily without issue of a Certificate.

Well over 400 houses had been surveyed in 1964 in the Marlborough Road area but, despite sustained efforts by the staff of the City Engineer's Department, there was not very much success achieved in securing housing improvements under the provisions of either Discretionary or Standard Grant powers. Furthermore it became apparent that the northern part of the area was likely to be affected by the phantom of "The Road" and consequently it was felt undesirable to pursue Improvement Grant pressure for the present in that area. East Oxford was therefore

next chosen after a very successful meeting in the Ward, which attracted a large number of residents, Councillors and others. Works of improvement were carried out on two of three show houses in the Marston Street area. These formed part of a block of four, one of which was in good condition, being owner-occupied, and the other three in an unsatisfactory state. They were purchased by the City Council and two were brought up to Improvement Grant standard (one Discretionary and one Standard) while the third was left in unfit condition until after the Exhibition before being placed in the hands of a Contractor for repair and improvement. A considerable number of people showed interest.

Completion by our Housing Section of the East Oxford improvement area survey was possible during the year. This involved 414 houses, of which 50 were houses in multiple occupation, and 51 other types of premises, leaving 313 dwellinghouses suitable for consideration of Improvement Grant work. Of these, 201 proved satisfactory in all respects. 59 required the provisions of amenities only to satisfy standards, while another 53 required, in addition to amenities, some basic repairs. At the end of the year no firm decision had been reached as to the best way of dealing with the area, the particular bogey being, of course, the Minister's decision on the road and central area redevelopment projects which seem to hamper all our efforts at making progress in the built-up areas of the City. Whether it will be possible really to get down to compulsory improvement work in the East Oxford area seems at present open to question. Without it, little, if any, progress will be made at saving the area from gradual deterioration in view of increasing disrepair and lack of environmental improvement. Street appearance needs treatment with garage provision and the general environmental amenity so necessary to brighten up the face of an area which has been dormant for many years. It seems analogous to the dairy cow in agriculture, having been milked dry by the owner in the past without any adequate provision for making good wear and tear over a long period of use. It is then only suitable for destruction. If much property is to be saved it is clear that some repair and renovation, even by compulsion, must be carried out in good time.

The City Engineer submits the following information in connection with Improvement Grants:—

Standard Grants

No. of applications received—75 tenants, 23 owner-occupiers.
Total 98.

No. of applications approved—107.

No. of applications refused—1.

No. of dwellings actually improved during the year—106.

Amenities provided included 82 baths, not a single shower bath, 93 hand wash basins, 95 hot water supplies, 91 internal w.c.s and 45 ventilated food stores.

Discretionary Grants

No. of applications received—32 tenants, 50 owner-occupiers.
Total 82.

No. of applications approved—79.

No. of applications refused—Nil.

No. of dwellings actually improved during the year—69.

Costs

Standard Grants—£11,433.

Discretionary Grants—£19,199.

59 houses were demolished during 1965, either through action by the Department or as a sequel to purchase by the City Council for purposes of St. Ebbe's, etc., redevelopment. Once again it can only be said that redevelopment in St. Ebbe's still awaits "The Road" decision but it may be that early in 1966 the Minister may be prepared to issue the official decision upon which so much depends. (At the time of writing it is understood that the Minister has not approved the plan in many respects and, although part of St. Ebbe's redevelopment may go on, consequently the line of the road remains undetermined and redevelopment in much of the central area remains at a stand-still. This includes the East Oxford improvement grant proposals and much other work of considerable importance).

Two members of the staff of the Ministry of Housing and Local Government visited Oxford in November to meet members and officers of the Housing (Improvement Grants) Sub-Committee. They were conducted through East Oxford, St. Barnabas and Marlborough Road improvement areas and were impressed by the amount of interest and practical thought given to improvement proposals by the City members and officers. They were most interested in the efforts being made to find a means of improving some areas in the City and promised such support as could be given at the appropriate time.

Insofar as multi-occupations are concerned, 269 further houses were examined during the year and collaboration with the Fire Officer was established in connection with concerted action for securing some attention to the problem of high fire risk. This is particularly the case where coloured immigrants are concerned because of housing difficulties and the strangeness to them of the English way of life. Climate plays an important part with over-enthusiasm for the use of paraffin heaters providing a very serious state of affairs. There exists much ignorance regarding the method of heating by paraffin oil, coupled with a lack of appreciation of the amount of condensation often caused. Even minor fire protection proposals will be costly and it is difficult to imagine any enthusiasm for paying out for such unproductive expenditure, particularly where landlords are anxious to squeeze out every penny from rentals. Certain fire protection recommendations will inevitably cost major sums and could



HOUSING IMPROVEMENT

facing page 214

have profound effect on the housing circumstances if pressed to a conclusion. 198 visits were made to multi-occupied houses in order to investigate conditions.

There were 1,699 Land Charge enquiries received during the year with a keen interest still obvious in house purchases throughout the City. Cowley Centre is now almost complete and is showing proof of its need to those in East Oxford and its environs. Indeed, it seems apparent that considerable interest has been shown by population living some distance from the City boundaries.

Repairs and Improvements carried out, 1965

Items	Dwelling Houses	Food Premises	Other Premises	Total
Accumulations Removed ..	—	8	—	8
Animal Nuisances Abated ..	—	—	—	—
Cooking Accommodation ..	—	4	—	4
Dampness Remedied	15	—	—	15
Dustbins	—	1	—	1
Drains Tested	—	—	—	—
Drains/Waste Pipes Cleared ..	1	1	—	2
Drains/Waste Pipes, etc., Repaired	28	2	—	30
Doors/Windows Repaired ..	10	5	—	15
Ditches/Streams Cleansed ..	10	2	—	12
Floors Repaired/Renewed ..	7	21	—	28
Food Cupboards	7	1	—	8
Gutters, Spouting	3	—	—	3
Hot Water Supply	1	4	—	5
Lighting Improved	—	15	1	16
Manure Pits Emptied/Rep./Improved	—	—	—	—
Piggeries Cleansed/Repaired ..	—	—	—	—
Roofs Repaired/Renewed ..	12	3	—	15
Rooms Cleansed/Redecorated ..	1	3	—	4
San. Accom. Prov./Rep.	5	4	1	10
San. Accom. Cleansed and Redecorated	—	9	1	10
Sinks/Wash Basins Rep./Prov. ..	2	18	—	20
Sites Cleared	4	—	1	5
Smoke Nuisances (Industrial) ..	—	—	—	—
Smoke Nuisances (Clean Air Zone)	—	—	—	—
Stables Cleansed	—	—	—	—
Ventilation Improved	1	1	—	2
Walls and Chimneys (External) ..	11	2	—	13
Walls and Ceilings (Internal) ..	9	43	—	52
Water Supply Prov./Reinstated ..	—	—	—	—
Water Heaters Provided	—	—	—	—
Water Supply Installed	—	—	—	—
Yards Repaired, etc.	—	—	—	—
Other Nuisances	11	143	—	154
Totals	138	290	4	432

Jericho (St. Barnabas) Housing and Social Survey

The facts below have been extracted from the first stage of this interesting survey and underline to a certain extent the amount of detail which has been sought. This list is by no means exhaustive but is interesting

in that it shows the lack of amenities, the fairly high percentage of structures with $4\frac{1}{2}$ inch brickwork, and the fairly extensive need for repair work generally. One other outstanding fact to be noted is that no less than 53% of cars owned by residents are parked on the street. Consideration is shortly to be given to the method of treatment of this area—whether comprehensive re-habilitation or otherwise.

No. of blocks inspected	..	..	..	..	7
Total No. of dwellings	..	..	..	..	254
Total No. of occupants	..	..	..	..	660
Immigrant dwellings	..	..	..	..	21 (9%)
Immigrant occupants	..	..	..	..	90 (14%)
(Representing 11 different national groups)					
Lived in area over 50 years	..	..	..	..	30%
Owner-occupied	..	..	..	..	42.4%
(City average 49% at the 1961 Census)					
Houses with standard amenities	..	..	..	..	28%
(City average 73.7%)					
Houses with at least some part $4\frac{1}{2}$ inch brickwork	..	..	..	..	45%
Houses requiring no repair work	..	..	..	..	6.5%
Cars per household	..	..	..	..	0.28%
Cars parked on street	..	..	..	..	53%

(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

(i) Milk and Milk Products

There was an increase of 12 distributors on the Register, so bringing the total at the end of the year to 141 (129). There were 43 self-service machines providing milk in cartons set up on authorised sites throughout the City and it seems likely that many more will be in use as time goes on. It has been found that care is needed in rotation of the stocks of cartons in these machines, particularly at weekends and whenever there is heavy demand from a particular machine. Suppliers frequently forget to move up old stock and when this happens unsatisfactory keeping quality samples often result. Of the 35 Methylene Blue Test failures during the year, no less than 33 samples were from vending machines (16 from machines in the Cowley motor-car factories) the other 2 being of milk from roundsmen's vehicles. There was also one Phosphatase failure from a vending machine sample but it was not possible to find the cause.

A fault with cartons, which has often been demonstrated, is excess of paraffin wax inside the cartons. Such wax often breaks away from the lining after filling and floats on the milk. It can be most upsetting when melted on the surface of a hot drink or floating about in particles in a cold

drink. The inspection of the interiors of cartons before filling is as necessary as it is in connection with milk bottles and I think it behoves manufacturers of cartons to encourage care in such inspection routine so as to avoid trouble and complaints from consumers.

In one case during the year the filling routine in connection with large cartons of cream was admittedly faulty in that it was impossible for the filler to see the bottoms of the cartons being filled because of an unsatisfactory viewline in the system. Following complaint of excessive wax, the firm altered the angle of viewing so that the bottoms of cartons were clearly visible. To ensure this was not as easy as it sounds, for cartons are invariably filled in upright position. High price of cartons still seems a principal obstruction to wider use for milk sales but no doubt effort will continue towards finding a better container than the glass bottle with all its faults.

On the whole, the condition of milk and milk products sold throughout the City was commendably good and little trouble was experienced from the quality point of view. Reduction in daily milk deliveries has not taken place but there still seems that possibility as refrigeration in the homes of consumers continues to extend. It may soon be possible for the domestic consumer to stock up milk supply for several days and so reduce the need for the labour which is constantly in short supply in the food distribution services—milk delivery in particular. No raw milk is sold within the City and this is justified on health grounds because of the inadequate precautions for preventing spread of Brucellosis among dairy cattle. With that risk involved there seems little argument in favour of drinking raw milk under present circumstances.

74 samples of Channel Island quality milk were examined during the year, giving an average of 4.51% butter fat (slightly less) with non-fatty solids 8.9% (slightly higher). 123 samples of pasteurised milk showed an average of 3.62% with solids-not-fat 8.56%. The official standards continue to be 4% fat for Channel Island milk and 3% for ordinary grade with solids-not-fat at 8.5%. There was a rise in the number of general stores selling pre-packed milk (114 as against 97) and a certain amount of sterilised milk is still available from some shops in the City. 22 samples from school milk supplies all satisfied the keeping quality test and 364 out of 365 samples of pasteurised milk submitted to the Phosphatase Test proved satisfactory, the only failure being a sample from a vending machine. The reason for the failure was not discovered. 16 samples of sterilised milk submitted to the Turbidity Test proved satisfactory. No biological testing of Heat Treated milk was undertaken during the year.

Milk Sampling Results

	Samples tested	Satisfactory	Failed
Raw Milk (<i>Methylene Blue Test</i>) ..	—	—	—
Heat Treated Milk (<i>Methylene Blue Test</i>) Pasteurised	365	317	35
Heat Treated Milk (<i>Phosphatase Test</i>) Pasteurised	365	364	1
Heat Treated Milk (<i>Turbidity Test</i>) Sterilised	16	16	—
Total	746 (13 void)	697	36

Ice Cream

72 samples of ice cream were examined and 66 were declared satisfactory, being within Grades 1 and 2, and 6 were considered unsatisfactory, 2 being found due to the unhygienic condition of a soft ice cream extruder. The other 4 failed, it is thought, because of the generally unsatisfactory condition of the machinery. The necessary improvements of machinery were secured and satisfactory samples resulted thereafter.

7 ice cream samples were taken for quality analysis and results showed a slight increase in fat content over last year, averaging 9.47% (9.25%) with sugar slightly less at 16.13% (16.3%). Total solids were returned as 34% (34.5%). The lowest fat content discovered was 5.8%, which is still above the legal minimum of 5%. 29 iced lollies sampled were generally satisfactory, only 2 showing high bacterial content. The firm concerned was somewhat doubtful about the value of the results. Nevertheless they were the only unsatisfactory samples discovered during the year.

(ii) Clean Food Campaign

(a) Inspection of Food Premises

4,466 inspections were carried out under the provisions of the Food Hygiene Regulations, considerably more than in the previous year. Mr. J. G. Scott, Senior District and Specialist Food Inspector, followed up his previous survey of College kitchens and restaurants with a detailed investigation of washing up hygiene routine in some of the premises. The following is his report.

“During the survey of catering premises undertaken between August, 1964, and August, 1965, it became clear that numerous dishwashing machines in use in the larger catering premises in the City, including Colleges, were not functioning at a desirable level of efficiency as required by the Food Hygiene Regulations.

After preliminary visits, when obvious physical faults to machines were pointed out and put right and some washing temperatures were adjusted, it was decided to carry out a series of swabbing tests of cutlery and crockery washed by these machines, as well as further tests on hand-washed kitchen equipment. The swabs were submitted to the Public Health Laboratory for correlation by the plate count method. In all, 271 swabs were submitted from 14 different establishments, five of these premises being revisited and a second set of swabs being taken. Of these 271 swabs, 139 were of pieces of crockery, 90 of pieces of cutlery, and 42 of other articles, such as wire egg whisks, slicing machines, and mechanical beaters.

In order to determine whether results were satisfactory or otherwise, the U.S.A. standard of a maximum permissible count of 100 organisms per article was taken as a guide and thus, of the 206 swabs taken on the first and main test, 107 were satisfactory and 99 unsatisfactory. On the second or repeat test 48 were satisfactory and 17 unsatisfactory. This greatly improved standard was due in large measure to the impact made on operatives and management when the first results were explained to them. Many unsatisfactory results reached plate counts in excess of 5,000, and this information was used to considerable effect in emphasising the need for much greater care in operation. It showed also the paramount importance of sufficiently high temperatures of washing and rinse waters in order to keep bacterial activity to a minimum, i.e. temperatures of 140/150°F. wash and 170/180°F. rinse to ensure "commercial sterilisation" of utensils. Many of the unsatisfactory results were from swabs of egg whisks, slicing machines and cutting knives. Subsequent tests demonstrated that good bacteriological results could be got with such articles if very great care in cleansing was taken, i.e. thorough cleaning, followed by sterilising rinse and air or paper towel drying. Normally, however, it is difficult to get counts much below 500 for this type of article."

Notwithstanding the remarks in the report, it is pleasing to note general improvement taking place throughout local catering industry, not least in the College catering departments. Ancient kitchens are being modernised, while improvements and extensions have, and are, being provided and, of course, new Colleges installing catering facilities of a very high order. Domestic Bursars are most co-operative and it is found that, despite difficulties with labour for kitchen work and food handling generally, the standard of operation in most restaurants and cafes is improving. Inspectors are constantly on the look out for contraventions and the use of "on-the-spot" notices is once again being stimulated.

(b) Inspection of Food Hawkers' Vehicles. (Oxford Corporation Act, 1953).

97 hawkers of food, licensed under the provision of the Oxford Corporation Act, were on the Register at the end of the year. 22 stall holders also operate food businesses at the Oxpens open market—mainly in fruit and vegetables. 192 inspections of these vehicles and stalls were made

during the year and in 2 cases prosecutions were needed; one against the proprietor of a Hot Dog Stall, who was fined £17 on four counts and another mobile caterer was fined a total of £40 for five offences against the Food Hygiene Regulations. These cases were, however, exceptional as the general standard remains good. Of course, hawkers and mobile caterers are not popular with members of the static food trade, are often a headache to the Police in respect of road traffic offences, and are not easy to control by Inspectors because of the variability of their areas of operation, and working hours which predominate in evenings and at weekends.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	11	106
Butchers	94	572
Cake Shops	30	188
Confectioners	96	39
Dairies and Milk Depots	13	195
Fishmongers and Poulterers	22	208
Preparation and Service of Food	260	1,497
Fruiterers and Greengrocers	101	403
Grocers	241	875
Ice Cream Manufacturers	8	18
Miscellaneous (including Ice Cream Retailers)	—	1,678
Market Stalls, Hawkers, etc.	119	192
St. Giles' Fair Food Stalls	56	849
Visits <i>re</i> sampling	—	373
Public Houses and Social Clubs	195	206

Food Hygiene Regulations, 1960 Sections 16 and 19

FOOD PREMISES

Type of Premises	Number	No. fitted to comply with Reg. 16	No. of premises to which Reg. 19 applies	No. of premises fitted to comply with Reg. 19
Bakehouses	11	11	11	11
Butchers	94	79	94	94
Cake Shops	30	28	30	29
Confectioners	96	94	96	96
Dairies and Milk Depots	13	13	—	—
Fishmongers	22	20	22	22
Preparation and service of food	260	260	260	260
Fruiterers and Greengrocers	101	90	101	100
Grocers	241	233	241	239
Ice Cream Manufacturers	8	8	8	8

(c) Hygiene, Education and Publicity

The services of the Chief, Deputy Chief and Senior Inspector J. Scott were in constant demand for lectures and demonstrations on food hygiene, etc. These involved 16 lectures by the Chief Inspector, 21 by the Deputy and 4 by the Senior Food Inspector. There were, in addition, 36 visits arranged to premises for various groups of students (both medical and lay) under the guidance of Mr. Garrod or one of the District Inspectors. It is gratifying to refer to the undoubted interest displayed in both lectures and visits. These are amply illustrated with colour photographs, specimens, and appliances, etc., as appropriate. The staffs of hospitals, food premises and domestic science pupils also show considerable interest in our work, and a number of talks were given to Women's Institutes, Guilds and Technical College students undergoing various courses of training, mainly in the food trades. It was, however, particularly encouraging to be invited to take part in a Liberal Studies venture at the Oxford Technical College and the students of that Course showed great interest in illustrated talks and organised visits throughout each day selected for the groups concerned.

The Southern Regional Gas Board Training School invited the Chief Public Health Inspector to give an illustrated lecture on "Clean Air and Smoke Control Areas" to their Regional Training Course at Poole. Further talks were subsequently given to local staffs who were engaged in installation work involved in our local Smoke Control Areas within the City. Once again it is refreshing to record continued interest by the Oxford Consumer Group—a most lively concern pressing on with many items of consumer value involving both this and other Departments of the Corporation.

(d) Hospital and College Hygiene

Constant visitation was kept up to the catering premises of both hospitals and Colleges during the year, with District Inspectors and the Senior Food Hygiene Inspector, Mr. J. Scott, taking part in the work. 371 visits were paid to Colleges by Inspectors and Pest Control staff. Pharoah's ants still appear at some of the hospitals, although not to their former extent. Regular spraying with Chlordane insecticide and treatment of structures with insecticidal lacquer appear to keep this pest under reasonable control. There seems to have been a slight increase in cockroach infestations in kitchens, particularly at one or two Colleges, and these have been given special attention. Unless adequate structural work is carried out in some of the older College premises, complete eradication of this persistent pest will be difficult. Wherever possible, therefore, those concerned are asked to carry out such work as will render buildings unlikely to harbour or encourage infestation by cockroaches, ants, etc.

There was once again encouraging co-operation from all concerned with the catering premises throughout the City hospitals and University.

Incineration of most hospital refuse has now become established and the incinerator at the Churchill Hospital is in constant use. The City Cleansing Department remove incombustible materials from hospital premises and these are disposed of at the Corporation tips. 71 visits were made to hospital premises, being practically the same as last year.

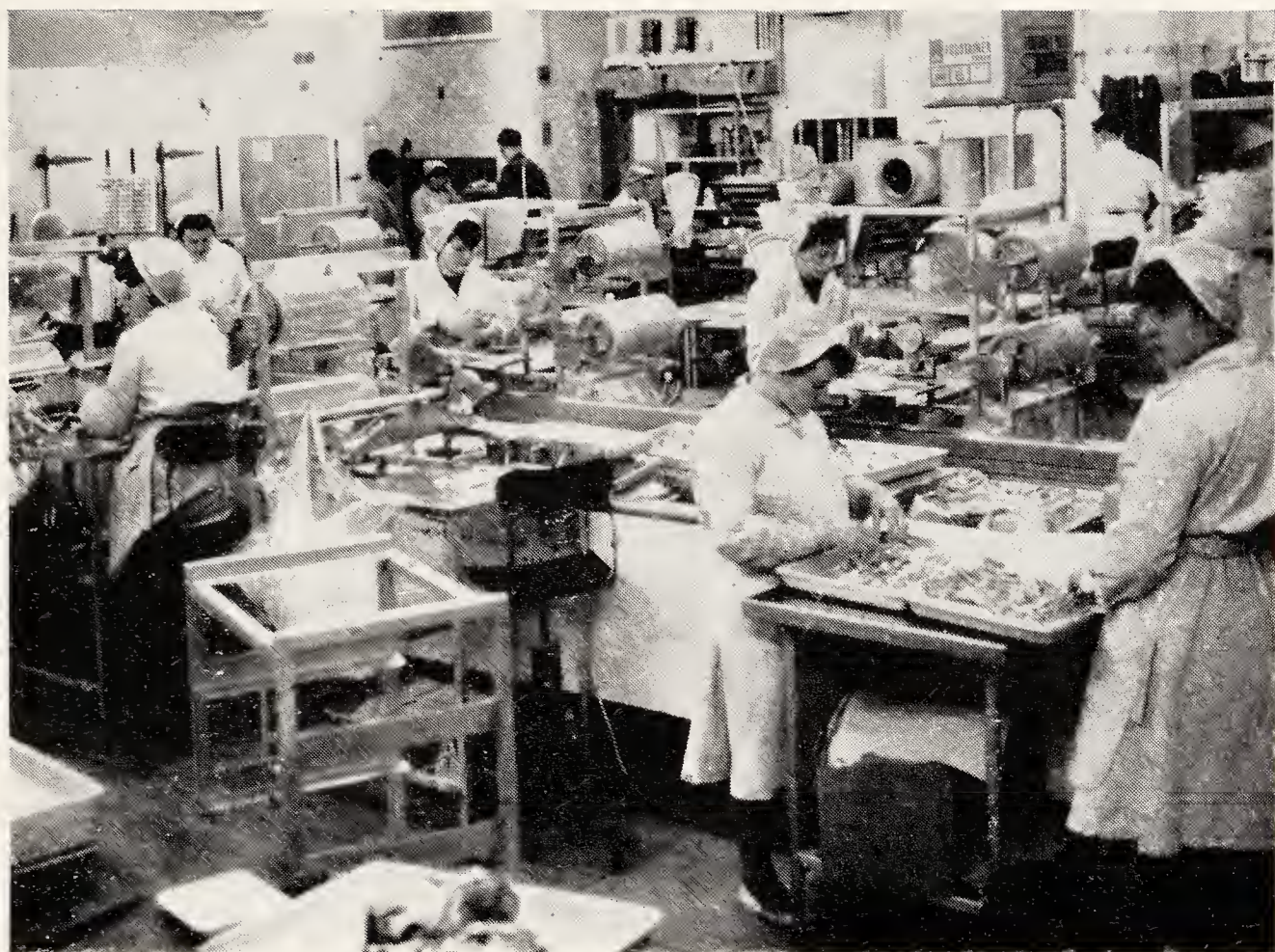
(iii) Meat Inspection

The Co-operative Society premises in Botley Road and the Eastwyke Farm slaughterhouse were re-licensed under the provisions of the Slaughterhouses Act. The arrangement previously made with the butchering fraternity of the City for meat inspection without charge up to 6 p.m. Mondays to Fridays, continued to operate very successfully. Weekend work has not been required, except for a little at the Christmas period, and considerably less overtime was required at the Eastwyke Slaughterhouse—only about half of that during 1964. The Co-operative Society premises, on the other hand, required a little more overtime after 6 p.m., but the amount was comparatively small. Inspectors carry out the meat inspection on a rota system approximating one week in five and there is a flexible arrangement for substitution where circumstances make this desirable, e.g., holidays, sickness, etc. Staff on meat inspection duty cover fully the slaughtering programme and inspect all carcasses and offal—carcasses being individually stamped by the inspecting officer.

There is little export meat produced at either slaughterhouse, the supply being mainly for City and University population. No complaints were received throughout the year in connection with general quality or regarding any infringements of the Regulations or Food and Drugs Act. Overtime involved $75\frac{3}{4}$ hours, as against 136 hours the previous year at Eastwyke Slaughterhouse (total charges £13 18s. 3d.) while at the Co-operative Society premises $68\frac{1}{2}$ hours, as against 44 hours the previous year, realised a charge of only £14 4s. 9d. This is a measure of the small amount of overtime required for meat inspection, which is a considerable improvement on previous years when hours were somewhat irregular and weekend slaughter by no means unknown.

Once more it is pertinent to mention the need for increased cooling space for carcase hanging and it is still evident that the Eastwyke premises are short of adequate space of this kind. Improved lairage and yard storage facilities are expected to be completed during the coming year.

Mr. Beament, the Divisional Veterinary Officer, and his staff continued to co-operate fully with us and advice was readily available, on request, at all times. Considerable interest has been shown by Mr. Meldrum of the Divisional staff in the subject of *Cysticercus bovis* infestation, a subject to which he has given considerable thought. The staffs of the Public Health Laboratory Service and Morbid Anatomy Department at the Radcliffe Infirmary are thanked for considerable assistance during the year. Dr. Vollum has now completed service with the Public Health



FOOD HYGIENE
BEHIND THE SCENES—FOOD PACKING



FOOD HYGIENE
SHOPPING THE MODERN WAY

facing page 222

Laboratory organisation as local Director and we wish him well on his retirement. A cordial welcome is extended to his successor, Dr. W. H. H. Jebb, who is already well-known to us.

Deep freeze facilities, which are used from time to time for *Cysticercus bovis* carcasses, exist at the Wolvercote Deep Freeze Company premises, Messrs. Oliver and Gurden bakery premises, North Oxford, and the Co-operative Society refrigerator in Botley Road. A total of 40,426 animals were slaughtered during the year (considerably less than the 45,665 slaughtered during 1964). Nevertheless it is interesting to note that the average figure for the last 10 years works out at 35,786, showing that there is still an upward trend in general slaughtering activity at the two slaughterhouses. Throughput is given below for each slaughterhouse.

				<i>Eastwyke</i>	<i>Co-op</i>
Steers				1,330	1,088
Cows				264	409
Heifers.. .. .				1,229	1,296
Calves				500	139
Sheep				11,842	7,683
Pigs				6,737	7,909
				<hr/>	<hr/>
				21,902	18,524
				<hr/>	<hr/>
Total					40,426
					<hr/>

Cysticercus Bovis

8, as against 19, suspected cases of this tape-worm infestation were reported during the year and this is the lowest for some time. 6 were confirmed as being viable cysts, and one other was considered highly suggestive, although not viable. The eighth cyst was too degenerated to be certain of the diagnosis but, in view of high probability, the carcass was sent for refrigeration as a precaution. All 8 cysts were found in masseter muscles and in no case was there any suggestion of generalisation. The carcasses were referred to cold storage treatment with the consent of the owners.

Divisional Veterinary Officers concerned with places of origin of the animals were informed in each case with as full information as was available. It is noted that research work continues in the field of animal infestation involving possible sites of infestation associated with streams, ditches, sewage works and land adjoining major roads. All are significant as sources of possible contamination if animals have been grazed in the vicinity.

Cysticercus Bovis—Annual Record of Incidence

	No. of Cattle Inspected (excluding Calves)	Suspected cases (i.e. Number refrigerated)	Viable <i>Cysticercus</i> <i>bovis</i>	Degenerated Cysts	Others
1955	3,934	11	5		
1956	4,602	27	7	20	
1957	4,267	40	20	Most of the remaining 20 were returned as Cysts in various stages of degeneration	
1958	4,263	29	16		
1959	3,977	15	10		
1960	4,786	19	15		2 granulomata
1961	5,584	15	8		3 granulomata
1962	5,887	11	3	2	4 granulomata 2 sarcosporidia
1963	6,171	13	8	4	(3 having cysts of a parasitic nature suggestive of <i>Cysticercus bovis</i> , 1 doubtful)
1964	6,773	19	13	4	(2 suggestive of <i>Cysticercus bovis</i>)
1965	5,616	8	6	2	(1 suggestive of <i>Cysticercus bovis</i>)

Liver Fluke (Fascioliasis)

Once more figures for this condition show variability, there being a decrease in the incidence in bovine livers and a slight increase in those of sheep. The condition is commonly associated with wet seasons involving, as it does, a snail common in waterlogged grazing land, shallow ponds, etc. There has been nothing startling in returns over the last few years since the particularly high incidence reported in 1959.

Year	Bovines Inspected	Bovines Affected	Per-centage	Sheep Inspected	Sheep Affected	Per-centage
1956	7,779	1,057	13.52	17,722	205	1.14
1957	6,310	548	8.66	11,042	29	0.26
1958	5,542	668	12.02	11,491	59	0.51
1959	4,993	1,176	23.55	19,066	641	3.36
1960	5,971	1,068	17.88	18,225	182	0.99
1961	5,584	936	16.41	21,498	336	1.56
1962	5,887	837	14.22	19,051	248	1.30
1963	6,171	795	12.88	17,664	230	1.30
1964	6,773	1,032	15.23	22,996	340	1.47
1965	5,616	766	13.64	19,525	333	1.70

Tuberculosis

Incidence of this disease continues at a very low level, only one bovine animal being reported as infected, and part carcase only was condemned. This represented only 0.02% of the animals slaughtered, and in the case of pigs one whole carcase was condemned and in 19 cases some part or other of a carcase or an organ was condemned on account of presumptive Tuberculosis, the percentage of the number inspected so affected being only 0.14%. 19 lymph nodes from pigs and 2 from steers were submitted to the Public Health Laboratory for examination during the year and of these 5 showed acid fast organisms, 4 others suggested morphological Tuberculosis, 1 was considered as Tuberculous lymphadenitis, 5 were reactive hyperplasia, 1 granulomata (in 6 cases a strain of microbacterium was isolated). Attempts to culture from specimens are made wherever possible and in only one case during the year, that from a pig, was a positive growth achieved and a Tuberculosis established. Attempts to trace the origin of the pig concerned failed as the animal came from a market group and ownership was not established after enquiry. The deposit seen in pig lymph nodes is, in many cases, probably not Tuberculosis but it is appropriate that precautions are taken wherever such deposits are noted. Where the character of the growth seems microscopically to be Tuberculosis it is presumed to be so unless proved otherwise by the Public Health Laboratory Service. This is a time-consuming operation and unfortunately decisions are usually received much too late to achieve anything worthwhile. Accordingly true Tuberculosis figures are somewhat difficult to assess so the tables below give the numbers of animals affected with presumptive Tuberculosis with inspections and condemnations during the year 1965.

Percentage of Animals affected with Tuberculosis (Presumptive)

	Cattle	Cows	Calves	Pigs
1956	4.8	12.5	0.1	1.8
1957	2.5	6.1	0.05	1.6
1958	1.8	4.4	—	1.4
1959	0.7	—	—	0.9
	(Adult Cattle)			
1960	0.07	0.01	—	1.34
1961	0.08	0.03	—	1.04
1962	0.05	—	—	0.55
1963	0.06	—	—	0.45
1964	—	—	—	0.28
1965	0.02	—	—	0.14

Tuberculosis in Food Animals, 1965 (Presumptive)

Portions dealt with	Bovines	Pigs	Totals
Whole carcasses	—	1	1
Part Carcasses	—	1	1
Whole Offal	—	1	1
Part Offal	1	17	18
Totals	1	20	21

Inspections and Condemnations, 1965

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	4,943	673	639	19,525	14,646
Number inspected	4,943	673	639	19,525	14,646
All diseases except tuberculosis and cysticerci:					
Whole carcasses condemned ..	9	4	3	12	10
Carcasses of which some part or organ was condemned	1,105	225	4	630	1,464
Percentage of numbers inspected affected with diseases other than tuberculosis and cysticerci ..	22.54	34.03	1.09	3.29	10.06
Tuberculosis only:					
Whole carcasses condemned ..	—	—	—	—	1
Carcasses of which some part or organ was condemned	1	—	—	—	19
Percentage of numbers inspected affected with tuberculosis ..	0.02	—	—	—	0.14
Cysticerci:					
Carcasses of which some part or organ was condemned	8	—	—	—	—
Carcasses submitted to treatment by refrigeration	8	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—

Diseases other than Tuberculosis in Food Animals, 1965

	Carcase		Offal	
	Total	Partial	Total	Partial
<i>Adult Cattle</i>				
Johne's disease	—	—	—	1
Actinobacillosis (Mycosis)	—	—	—	12
Septicaemic conditions	3	—	3	3
Pneumonia and/or pleurisy	—	—	—	18
Peritonitis	—	—	—	11
Mastitis	—	—	—	1
Hepatic abscess	—	—	—	248
Fascioliasis (fluke)	—	—	—	898
Parasitic pneumonia	—	—	—	4
Echinococcosis	—	—	—	18
Cysticercosis (C. bovis) rejected	—	—	1	7
" " refrigerated	8	—	1	7
Tumours	—	—	—	7
Bruising	2	1	—	1
Emaciation	—	1	—	—
Other conditions	—	—	—	87
Totals	13	2	5	1,323
<i>Calves</i>				
All septicaemic conditions	1	—	1	—
Joint-ill or navel-ill	—	—	—	—
Immaturity	1	—	1	—
Bruising	1	—	—	—
Other conditions	—	—	—	2
Totals	3	—	2	2
<i>Pigs</i>				
Swine erysipelas	4	1	2	—
All septicaemic conditions	4	—	4	8
Pneumonia and/or pleurisy	—	—	—	731
Pyæmia	—	—	—	1
Echinococcosis	—	—	—	4
Ascariasis (milk spot)	—	—	—	534
Bruising	—	2	—	—
Abscess	—	8	—	6
Arthritis	—	—	—	—
Other conditions	2	—	2	162
Totals	10	11	8	1,446
<i>Sheep</i>				
All septicaemic conditions	3	—	3	1
Fascioliasis (fluke)	—	—	—	333
Pneumonia and/or pleurisy	—	—	—	35
Parasitic pneumonia	—	—	—	13
Cysticercus Ovis	—	—	—	1
Echinococcosis	—	—	—	19
Bruising	1	3	—	—
Emaciation	7	—	6	—
Pyæmia	—	—	—	—
Arthritis	—	—	—	—
Other conditions	1	1	1	214
Totals	12	4	10	616

Unsound Meat

Unsound and inedible meat or meat products from slaughterhouses are removed by a firm approved for the purpose, who use vehicles marked in accordance with the Regulations. The material is consigned to a processing plant for recovery as by-products including fertilisers, etc. Small amounts of meat are permitted to be removed from time to time for dog food at kennels, while pharmacological interests collect certain nodes and organs which can be used for the production of special pharmacological material. The amount of meat condemned or surrendered continues to be small in amount and no official seizures were necessary during the year. Once more the Churchill Hospital incinerator serves a most useful purpose in burning unwanted materials. Arrangements are made through the Hospital Engineer, to whom thanks are due for his co-operation.

(iv) Sampling of Food and Drugs

199 (186) samples of food and drugs were submitted during the year to the Public Analyst and 12 were returned as non-genuine. These samples were as follows:—

- (1) Blackcurrant Skels (Diabetic Pastilles) which had a misleading label—they did not contain blackcurrant or Vitamin C. The manufacturers agreed to amend the label to read “Blackcurrant Flavoured Pastilles” in view of pending Food Labelling Orders. This action was accepted.
- (2) Bitter Lemon Drink—the label was unsatisfactory—declaration concerning quinine content was inconspicuous. The manufacturers agreed to alter and make it more conspicuous.
- (3) Strawberry Flavoured Syrup—a misleading label, having a vivid pictorial representation of strawberries (no strawberry juice in the syrup). The manufacturers agreed to amend label by enlargement of the word “Flavoured”. This was accepted.
- (4) Beef Noodle Soup—there was undue pictorial prominence to a joint of beef (yet beef was only a minor constituent!). The manufacturers refuted the suggestion of a misleading label. It is hoped that new Labelling Orders may deal with this type of advertisement which tends to influence unduly and therefore mislead.
- (5) Steak and Kidney Pies—these were found to have only 14% of meat content. A warning was issued to the manufacturers.
- (6) Pork Sausages—these were considered deficient in meat, containing 60.3% of meat. The manufacturers gave an assurance that their usual standard of $66\frac{2}{3}\%$ meat content minimum would be observed in future.

- (7) Steak and Kidney Pie—this was found deficient in meat, containing only 17%. A warning to the manufacturers was issued and follow-up samples proved satisfactory.
- (8) Steak and Kidney Pie—deficient in meat content, containing only 13.7%. The manufacturers agreed, after a warning, that they would observe a proper standard in future and even install an automatic machine for the purpose.
- (9) Sample of Cream Cheese—considered incorrectly described. (Not in fact Cream Cheese). Retailers agreed not to sell the product as Cream Cheese.
- (10) Home-made Golden Plum Jam. Soluble solids were found to be 63.8%, almost 5% below the legal standard. The retailer suspended sales until the jam was found to comply with the appropriate standard. This was a sample produced in good faith by a Women's Institute organisation.
- (11) A sample of pickles. Not properly labelled. The suppliers were requested to ensure that labels complied in future with the Labelling of Food Order.
- (12) A sample of Corned Beef—had a taste of oil simulating petrol or paraffin. The Analyst considered it probably due to contamination during transport. All remaining stocks were withdrawn as a precaution.

106 complaints in all were received during the year regarding unsatisfactory food conditions and, of these, 30 were reported to the Health Committee for statutory proceedings. 11 prosecutions were authorised and 17 warnings issued. In 2 cases no action was taken. The 11 prosecutions resulted as follows:—

- (1) Loaf containing a piece of plastic—fined £10.
- (2) Mouldy Pork Pie—fined £20.
- (3) Mouldy sausages (the same firm as the previous case)—also fined £20.
- (4) Mouldy Steak and Kidney Pie—fined £20.
- (5) Mouldy condition of loaf—fined £30 plus 5 guineas costs.
- (6) Cornish Pasties contaminated by cigarette end—fined £50 plus 10 guineas costs, the firm concerned being the same as the previous case.
- (7) Mouldy Chicken Fritters—fined £20.
- (8) Mouldy Apricot Tart—a fine of £40 was imposed on a firm with previous convictions.
- (9) Loaf containing a beetle—fined £20.
- (10) A chocolate eclair containing a portion of metal—a fine of £60 was imposed in this case, again the firm concerned being that involved with case No. 8 and previous offences.

(11) Punch Bar chocolate containing maggots—fined £20.

The total amount in fines was £310 and costs amounted to 15 guineas.

In the following cases, warnings were issued by the Health Committee with a proviso that any subsequent offences might well result in statutory action.

Stone in tea bun.

Glass in a bottle of milk.

A piece of glass in a doughnut.

Piece of glass in a served meal.

A foreign fly in tinned shrimps.

(ex Pakistan)

A wasp in a loaf of bread.

A bottle top in milk.

A snail in a packet of frozen peas.

A portion of stale cream.

Glass in baked beans.

A tack in a piece of toffee.

Mouldy condition of bread.

A mouldy ginger cake.

A piece of sacking in a loaf.

A fly in a loaf of bread.

A piece of cellophane in ice cream.

Some grease on nut crisp bars.

19 of the 30 unsatisfactory cases reported to Committee involved the presence of foreign matter, even to the extent of flies from Pakistan in a tin of shrimps ! Glass was present in 4 cases and there were 8 instances of mouldy condition. Retailers are still too prone to forget that proper stock rotation is a "must" in these days of better food hygiene standards. Mould develops very quickly under favourable circumstances, despite the provision and use of refrigerators, and it is very important to operate a proper rotation system with disposal of all unsatisfactory material before it is too late. Weekends continue to be a source of complaints, for very often Monday morning purchasers reveal the sad circumstances of neglect.

Liquid Egg (Pasteurisation) Regulations, 1963

There are no treatment plants in the district and no samples were taken during the year for examination by the Alpha Amylase test.

Samples taken for analysis during the year 1965.

Article	No. of samples obtained			Results of Analysis	
	Informal	Formal	Totals	Genuine	Non-Genuine
Baking requisites ..	1	—	1	1	—
Beverages	4	—	4	4	—
Cakes and Puddings ..	1	—	1	1	—
Cheese	3	—	3	2	1
Confectionery	7	—	7	6	1
Cream	2	—	2	2	—
Curries	1	—	1	1	—
Drugs and Vitamins ..	28	—	28	28	—
Fats	3	—	3	3	—
Fish	2	—	2	2	—
Flour S.R.	2	—	2	2	—
Fruit	12	—	12	12	—
Fruit-dried	9	—	9	9	—
Health foods	2	—	2	2	—
Ice cream	7	—	7	7	—
Juices—fruit	9	—	9	9	—
Meat and meat products	33	1	34	30	4
Milk (hot)	1	—	1	1	—
Milk	1	—	1	1	—
Preserves	9	—	9	8	1
Sauces and Spices ..	11	—	11	9	2
Sausages—beef ..	2	—	2	2	—
Sausages—pork ..	12	1	13	12	1
Soft drinks	11	—	11	10	1
Soups	6	—	6	5	1
Spirits	—	4	4	4	—
Spreads and pastes ..	4	—	4	4	—
Vegetable—tinned ..	3	—	3	3	—
Vegetable	6	—	6	6	—
Vinegar	1	—	1	1	—
	193	6	199	187	12

Poisoning and Coloured Pencils

Administrative Memorandum 2/65 of 1st February, 1965, was apparently issued to Local Education Authorities and schools generally giving warning regarding potential health hazard from pencils, etc., containing more than 250 parts per million, of lead, arsenic, antimony, cadmium or chromium, or certain compounds of barium. In view of local interest in the matter and discovery that four or five shops still had such pencils available, a representative of the Home Office was asked, without success, to have analyses carried out. Suppliers were therefore asked to withdraw certain types.

The City Analyst examined a number of pencils and soluble lead was found in various samples—from 830 parts to no less than 20,000 parts per million soluble lead in the paint covering the shafts of certain pencils. In the worst cases there were also 72,000 parts per million of lead in the core, although as insoluble lead. Communication with the Ministry of Health found that, while maintaining active interest in the matter, it seemed that the whole episode had tended to be magnified beyond its original importance.

Nevertheless, bearing in mind public concern and the serious consequences to children of any lead absorption, the action focussed attention on a potential threat to child health. Happily the situation was soon resolved.

Local Consumer Group

Continued collaboration has been maintained with the Oxford Group, who are very lively in their consumer condition interests. Both the Weights and Measures Department and our own have had constant communication with the Group. There is no doubt that through the Consumer organisation the public generally are more informed than ever before of the circumstances affecting purchases of a variety of consumer goods. Interest was maintained in the quality of foods offered for sale; in restaurant conditions; use of pesticides on garden crops and other foods; and the marking and labelling of foods. There is also continued awareness of the need for good standards of personal hygiene and hygienic displays and handling of food, and the local Group are not slow to voice their concern where conditions appear unsatisfactory. I commend their continued interest and look forward to further collaboration with them.

Bacteriological Investigations—Public Health Laboratory Service

New Laboratory premises at the Radcliffe Infirmary are now fully operative but apparently still short of working space. 527 (352) samples were submitted during the year, as shown in the following table.

Ice Cream	..	..	..	..	..	..	72
Fresh Cream	..	..	..	..	..	..	12
Ice Lollies	..	..	..	..	..	..	29
Canned Food	..	..	..	..	..	..	6
Meats	..	..	..	..	..	..	5
Meat Inspection samples (Lymph Nodes, Organs, etc.)	..						21
Faeces	..	..	..	..	..	..	21
Swimming Bath Samples	..	..	..	..	..	..	30
Drinking Water Samples	..	..	..	..	..	..	1
Urine	..	..	..	..	..	..	3
Catering Establishments—Kitchen Utensils	..	..					309
Synthetic Cream	..	..	..	..	..	..	2
Ball Gum Machines	..	..	..	..	..	..	16

527

A large proportion of the samples were swabs arising from the activities of Specialist Food Inspector Scott. Most ice cream and lolly samples were satisfactory and, although the number of fresh cream samples was reduced, about 50% showed unsatisfactory results and underlined what

I said last year, that pasteurisation is an obvious need. A number of bubble gum machines were swabbed and results were by no means satisfactory—there being too much risk of contamination of this uncovered sweetmeat when deposited in an unprotected serving device. Attempt is being made to get rid of them as it is considered that the sweets should be wrapped in any case, and this seems unlikely with the present type of machine. Only six of the ice cream samples submitted proved unsatisfactory, with 3 in Grade 3 and 3 in Grade 4. Immediate follow-up was satisfactory in all cases, it being evident that unhygienic service was to blame. The faeces samples submitted for examination were mainly associated with the staff of a local school, a regional bakery, and with members of one of the Colleges. Bathing pools continue to increase in number and further sampling can be anticipated as organised treatment and checking conditions takes place. Contact has been made with the Education Department and it is expected that the summer will bring about a regular hygiene routine at all school pools in the City. Supervision of the open air pool at Hinksey and the covered swimming pool at Temple Cowley is carried out by staff of the City Water Engineer. Public Health Inspectors visit all pools and swimming places throughout the season, giving advice and checking conditions of filtration and treatment. The pools at the Nuffield Orthopaedic Centre are also visited from time to time and advice given as and when required. General conditions were good throughout the year and it is a pleasure to record general collaboration by all concerned in connection with the hygiene of swimming pools.

Merchandise Marks Act

323 (199) visits were made during the year in connection with the marking and display of food. Much more concern has been shown—mainly through the activity of the Local Consumer Group—in the marking of food on display and retailers continue to appreciate this greater interest by taking more care in marking their goods. There were no cases other than informal warnings in one or two instances, mainly on market stalls.

Foodstuffs Surrendered for Destruction

Commodity								Weight in lbs.
Cheese	..	..	..	..	..	..	..	39½
Confectionery	..	..	..	..	..	..	..	673½
Eggs	..	..	..	..	..	..	..	25
Fats	..	..	..	..	..	..	..	96½
Fish	..	..	..	..	..	..	..	517
Flour	..	..	..	..	..	..	..	—
Fruit	..	..	..	..	..	..	..	716
Meat	..	..	..	..	..	..	..	3,349½
Sausages (beef)	..	..	..	..	..	..	..	18
Sausages (pork)	..	..	..	..	..	..	..	45
Sugar	..	..	..	..	..	..	..	111
Tea	..	..	..	..	..	..	..	12½
Vegetables	..	..	..	..	..	..	..	4,786½
								10,390
Canned:—								
Meat	..	..	..	..	..	..	..	1,558½
Fruit	..	..	..	..	..	..	..	4,145
Vegetables	..	..	..	..	..	..	..	1,236½
Fish	..	..	..	..	..	..	..	174
Milk	..	..	..	..	..	..	..	324½
Jam	..	..	..	..	..	..	..	76¾
Soup	..	..	..	..	..	..	..	271¾
Miscellaneous	..	..	..	..	..	..	..	832
								8,618¾
Frozen goods	..	..	..	..	..	..	..	290½
								290½
								19,299¼

There was a considerable reduction in the amount of food surrendered for destruction during the year and this is always a happy circumstance for despite modern methods of handling and storage, some waste of food seems inevitable. Continued attempt must be made by all concerned to reduce this waste. Once more the City Cleansing Department proved most helpful and disposal at the Corporation Tips continues to be carried out satisfactorily. Appreciation is also expressed to both the Administrator and Engineer of the Churchill Hospital for consent to use the incinerator for disposal of certain types of material.

Fertilisers and Feeding Stuffs

7 samples were taken under the Fertilisers and Feeding Stuffs Act, consisting of 5 fertilisers and 2 feeding stuffs. With one exception, all samples proved satisfactory, the exception being a bottled liquid manure made by a private firm not many miles from Oxford. The official analysis showed it to be merely diluted horse manure, which, if used as instructed on the label, would have little, if any, effect on plant life. Subsequently a prosecution taken by the County Council Weights and Measures Department was heard at an Oxfordshire Court but the case was lost, notwithstanding the apparent shortcomings of the material being sold to the public.